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STATE OF NEW YORK.

STATE COMMISSION IN LUNACY

SEVENTH ANNUAL REPORT,

October 1, 1894, to September 30, 1895.

CARLOS F. MACDONALD, <i>President</i> ,	} <i>Commissioners.</i>
GOODWIN BROWN, - - - -	
HENRY A. REEVES, - - - -	

T. E. MCGARR, *Secretary.*

TRANSMITTED TO THE LEGISLATURE APRIL 11, 1896.

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STATE OF NEW YORK.

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IN ASSEMBLY,

APRIL 11, 1896.

STATE COMMISSION IN LUNACY, SEVENTH ANNUAL REPORT.

STATE OF NEW YORK:

STATE COMMISSION IN LUNACY, }
ALBANY, *April* 11, 1896. }


To the Speaker of the Assembly:

By direction of the Commission, I have the honor to transmit herewith the annual report of the State Commission in Lunacy for 1895.

T. E. MCGARR,

Secretary.

10325



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CONTENTS.

VOLUME I.

PART I — STATE HOSPITAL SYSTEM.

CHAPTER 1.

	PAGE
State care of the insane.....	7
Great advantage of present system.....	8
Policy of one general appropriation.....	8
Commission a constitutional body.....	10
Supervision of expenditures by Commission.....	11
Monthly meeting of superintendents.....	13

CHAPTER 2.

Civil Service in state hospitals.....	16
Superintendents' views on civil service.....	17

CHAPTER 3.

Appropriations for state hospitals.....	27
Taxation for maintenance of insane.....	28
Reason for transferring New York and Kings county insane to state care.....	31
Overcrowding of insane.....	32
Valuation of building in State care system.....	33
Financial situation for coming year.....	34

CHAPTER 4.

Willard State Hospital.....	35
-----------------------------	----

CHAPTER 5.

Buffalo State Hospital.....	37
-----------------------------	----

CHAPTER 6.

Rochester State Hospital.....	39
-------------------------------	----

CHAPTER 7.

Investigation of Commission and State hospitals.....	41
Report of Senate finance and Assembly ways and means committees.....	42
Salaries of resident officers in state hospitals.....	53

Investigation of Commission and State hospitals — (<i>Continued</i>)	PAGE
Superintendents' salaries and emoluments.....	54
Salaries of assistant physicians and other officers.....	56
Servants for superintendents and officers.....	58
Persons not on pay-roll receiving board or allowance.....	60
Buildings or apartments occupied by officers or employees.....	62
Act to appropriate money for support of insane.....	64
CHAPTER 8.	
Dietary of state hospitals.....	67
Resolutions adopted by hospital superintendents.....	69
CHAPTER 9.	
Officers' table supplies.....	70
CHAPTER 10.	
Purchase of supplies.....	72
CHAPTER 11.	
Officers' salaries and employees' wages.....	75
Schedule of officers' salaries.....	77
Schedule of employees' wages.....	82
CHAPTER 12.	
Appointment of officers and employees.....	97
CHAPTER 13.	
Actions at law against officers and employees.....	100
CHAPTER 14.	
Jurisdiction over idiots.....	102
CHAPTER 15.	
Pathological department.	104
Civil service examinations for director of Pathological Institute..	106
CHAPTER 16.	
State hospitals bulletin.....	108
Scope of the bulletin.....	110
CHAPTER 17.	
Recreation and amusement for the insane.....	112
CHAPTER 18.	
Personal care of patients.....	114
Use of tobacco discontinued.....	116

CHAPTER 19.

	PAGE
Recoveries.	120

CHAPTER 20.

Comparative cost of county and state care.	122
Table	124
Basis of state hospitals.	129
Admission of patients to state hospitals.	130

CHAPTER 21.

Reimbursing patients	132
--------------------------------	-----

CHAPTER 22.

Alien and non-resident patients.	133
--	-----

CHAPTER 23.

Matteawan State Hospital.	135
-----------------------------------	-----

CHAPTER 24.

Hospital libraries.	137
-----------------------------	-----

CHAPTER 25.

Review of state hospitals — Special reports of superintendents.	138
General operation	138
Buildings, improvements, new features in management.	138
Appropriations granted for year ending September 30, 1895.	154
Appropriations asked for year ending September 30, 1896.	164
Utica State Hospital.	164
Willard State Hospital.	168
Hudson River State Hospital.	173
Middletown State Homoeopathic Hospital.	187
Buffalo State Hospital.	191
Binghamton State Hospital.	191
St. Lawrence State Hospital.	204
Rochester State Hospital.	205
Matteawan State Hospital.	207
New furniture.	211
New machinery.	212
Fire protection appliances.	214
Cost per capita of maintenance.	221
Number of patients.	222
Percentage of recoveries.	226
Percentage of deaths.	228
Number of inebriates discharged.	230

Review of State hospitals — special reports of superintendents— (<i>Continued</i>)	PAGE
Number of discharged recovered patients readmitted.....	231
Inspections by manager or trustee.....	232
Ratio of physicians to patients.....	236
Name, rank, date of appointment and previous experience of medical officers.	238
Salary and allowance of resident officers.....	246
Persons, other than employees, who reside on premises.....	250
Number of college graduates among medical officers.....	253
Contribution of medical officers to medical literature.....	254
Ratio of ward attendants to patients.....	257
Women nurses for men's wards.....	259
Number of nurses and attendants.....	262
Mechanical restraint.	264
Removal of patients from homes to hospitals.....	269
Proportion of patients' wearing apparel and nurses' uniforms made at hospital	275
Industrial occupations provided for patients.....	277
Cost of amusements.....	283
Religious services.	284
Medical books purchased during year.....	287
Medical journals.	292
Reading matter.	295
Surgical instruments and medical appliances.....	305
Electro-therapeutical appliances.	310
Food supplies. . . . ,	313
Schedule of daily dietary.....	317
Distinction in food supplies for patients and officers.....	332
Cost of farming operations.....	335
Farming and grazing lands, kinds and quantities of crops.....	337
Number of cows.....	351
Number of beef cattle slaughtered and quantity of beef purchased,	353
Number of calves slaughtered and quantity of veal purchased. . . .	357
Number of swine kept and quantity of pork purchased.....	359
Number of sheep kept and quantity of lamb or mutton purchased,	363
Fresh, salted and smoked fish purchased.....	366
Number and kinds of poultry kept and purchased.....	370
Eggs produced and purchased.....	373
Number and cost of barrels of flour.....	375
Kinds of bread and frequency of baking.....	377
Teas.	379
Coffees.....	381
Sugars.	383
Butter.	386
Cheese.	388
Alcoholic liquors.	389
Total cost of medicines.....	392
Purchase of staple articles of supplies.....	393

	PAGE
General review.....	396
Operations of State hospital system.....	396
Medical service.....	396
Employees.....	396
Fuel and lighting.....	397
Recoveries.....	397
Deaths.....	398
Table of cost of staple articles.....	399

PART II — EXEMPTED COUNTY SYSTEM.

CHAPTER 26.

New York City asylums for the insane.....	403
Act for the conversion of New York City asylums for the insane into a state hospital and to establish the Manhattan State Hos- pital.	404

CHAPTER 27.

Kings county asylums for the insane.....	411
--	-----

CHAPTER 28.

Special reports of the New York and Kings county asylums.....	414
Exempted county system.....	414
Buildings, improvements, new features in management.....	414
Appropriations granted for 1895.....	417
Appropriations asked for coming year.....	418
Cost of maintenance.....	433
Number of patients.....	433
Percentage of recoveries.....	434
Percentage of deaths.....	435
Number of inebriates discharged.....	435
Number of discharged recovered patients readmitted.....	436
Inspections.	436
Ratio of medical officers to patients.....	437
Salaries and allowances for medical officers.....	438
Number of college graduates among medical officers.....	439
Previous experience of medical officers.....	439
Contributions of medical officers to medical literature.....	440
Number of nurses and attendants.....	440
Graduates of training school.....	441
Ratio of ward attendants to patients.....	441
Mechanical restraint.	441
Food supplies.	442
Bread, kinds and baking.....	448

Special reports of the New York and Kings county asylums — (*Continued*)

Exempted county system — (<i>Continued</i>)	PAGE
Teas.	449
Coffees.	449
Cost of amusements.	449
Religious services.	450
Industrial occupations for patients.	451
Proportion of patients' wearing apparel and nurses' uniforms made at asylums.	455
Fire protection appliances.	457
Farming and grazing lands, kinds and quantities of crops. . . .	460
Electro-therapeutic appliances.	463
Cost of medicines.	464
Surgical and medical appliances.	464
Medical books.	469
Medical journals.	470
Reading matter.	470
Cost of new furniture.	477
General review.	477
Operations of Exempted county system.	477
Medical service.	477
Maintenance.	477
Recoveries.	477
Deaths.	478

PART III — LICENSED PRIVATE INSTITUTION SYSTEM.

CHAPTER 29.

General administration — Licensed private institution system.	481
Revision of law for unlicensed private asylums.	481

CHAPTER 30.

Special reports of private asylums.	483
Capacity of institutions.	483
Number of physicians.	485
Residence of physicians.	488
Number of patients.	489
Number of voluntary patients admitted.	494
Percentage of recoveries.	496
Number of inebriates discharged.	499
Number of discharged recovered patients readmitted.	501
Percentage of deaths.	502
Mechanical restraint.	504
Ratio of attendants or nurses.	507
Women attendants employed in care of men patients.	510

Special reports of private asylums — (<i>Continued</i>)	PAGE
Nurses, graduates of training school.....	512
Number of nurses.....	514
Minimum rate per week at which patients are received.....	518
Buildings, improvements, new features in methods of management,	520

PART IV — GENERAL ASYLUM SYSTEM.

CHAPTER 31.

Legislation recommended.	529
Change in system of making recommendations.....	531
Prevention of interference by municipal authorities with state property.	532
Joint contracts for purchase of staple articles.....	532
Record books should be uniform.....	534
Printing should be done at hospitals.....	534
Lands should be acquired through condemnation proceedings....	535

CHAPTER 32.

Ratio of insanity to population.....	536
--------------------------------------	-----

PART V — SUMMARY OF RECOMMENDATIONS.

CHAPTER 33.

Summary of recommendations.....	541
---------------------------------	-----

PART VI — STATISTICS.

CHAPTER 34.

General statistical review.....	545
State hospital system, number of insane.....	546
Exempted county system, number of insane.....	546
Licensed private asylum system, number of insane.....	547
Number of hospitals and asylums.....	548
Cost of hospitals and asylums.....	548
Number employed.	548
Receipts.	548
State hospitals.	550
Number of registered insane.....	550

General statistical review — (*Continued*)State hospitals — (*Continued*)

	PAGE
General statement.	551
Causes of insanity.	554
Forms of insanity.	560
Number and percentage of recoveries and deaths.	564
Cause of death.	566
First and subsequent admissions.	572
Hereditary tendency to insanity.	576
Civil conditions.	577
Degree of education.	578
Duration of insanity previous to admission and period under treatment of patients discharged recovered.	579
Duration of insanity previous to admission and period under treatment of patients discharged not recovered.	581
Duration of insanity and period under treatment of patients who died.	583
Ages of patients admitted.	585
Ages of those discharged recovered.	586
Ages of those who died.	587
Duration of insanity previous to admission of patients admitted during 1895.	588
Period of residence.	589
Occupations of those admitted.	590
Nativity of patients.	592
Residence and classification of patients admitted.	594
Residence and classification of patients under treatment.	598
Exempted county system.	604
New York City asylums.	604
Movement of population.	604
General statement.	605
Causes of insanity.	607
Forms of insanity.	609
Number and percentage of recoveries and deaths.	610
Causes of death.	611
Number of first and subsequent admissions.	616
Hereditary tendency to insanity.	617
Civil condition.	618
Degree of education.	619
Duration of insanity previous to admission and period under treatment of patients discharged recovered.	620
Duration of insanity previous to admission and period under treatment of patients discharged not recovered.	622
Duration of insanity previous to admission and period under treatment of patients who died.	624
Ages of patients admitted.	626
Ages of those discharged recovered.	627
Ages of those who died.	628

General statistical review — (*Continued*)Exempted county system — (*Continued*)New York City asylums — (*Continued*)

	PAGE
Duration of insanity previous to admission of patients admitted 1895.	629
Period of residence.	630
Occupations of patients admitted.	631
Nativity of patients.	634
Long Island State Hospital.	636
Movement of population.	636
General statement.	637
Causes of insanity.	638
Forms of insanity.	640
Number and percentage of recoveries and deaths.	641
Causes of death.	642
First and subsequent admissions.	644
Hereditary tendency to insanity.	645
Civil condition.	646
Degree of education.	646
Duration of insanity previous to admission and period under treatment of patients discharged recovered.	647
Duration of insanity previous to admission and period under treatment of patients discharged not recovered.	649
Duration of insanity previous to admission and period under treatment of patients who died.	651
Ages of patients admitted.	653
Ages of those discharged recovered.	654
Ages of those who died.	655
Duration of insanity previous to admission of patients admitted 1895.	656
Period of residence.	657
Occupations of those admitted.	658
Nativity of patients.	660
Residence and classification of patients admitted.	662
Residence and classification of patients under treatment.	664

CHAPTER 35.

Asylum directory.	666
State hospital system.	666
Licensed private asylum system.	671

VOLUME II.

CHAPTER 36.

	PAGE
Annual report of Rochester State Hospital.....	681

CHAPTER 37.

Annual report of Collins State Hospital.....	698
--	-----

CHAPTER 38.

Annual report of State Charities Aid Association.....	708
Appendix.	730
Report of visiting committee of State Charities Aid Association upon New York City asylums	730
Report on Kings county asylums.....	738

CHAPTER 39.

Reprint of first annual report of the State Commission in Lunacy, 1889,	742
Work of the Commission.....	744
Registration of the insane.....	748
State asylums.	749
Revision of statutes relating to insane.....	751
Official responsibility.	753
Private patients.	754
Discharge of insane from custody.....	757
Laws relating to chronic insane.....	758
Transfer of insane.....	758
Removal of insane from homes to asylum.....	758
Service of legal papers upon insane.....	759
Discharge of public patients on bonds.....	760
Habeas corpus.	760
Insane state paupers.....	761
State supervision of insane.....	762
First effort toward state care of insane.....	770
Willard asylum act.....	773
Essential requisites for care of insane.....	777
Reasons in behalf of county care of insane.....	781
Comparison of state care with county.....	782
Results of inspection of county almshouses.....	807
Relative economy of state and county care.....	816
Increase of insanity.....	820
Necessity of additional provision for idiots.....	822
Summary of recommendations.....	824

CHAPTER 40.

	PAGE
Statistical appendix of first annual report.....	826
State asylums.	829
General statement.	829
Number of insane.....	830
Number of insane in county asylums.....	831
Number of insane in city almshouses.....	831
Number of insane in county poorhouses.....	832
Number of insane in private asylums.....	833
State asylums.	834
Causes of insanity.....	834
Number and percentage of recoveries and deaths.....	836
Forms of insanity.....	840
Causes of death.....	844
First and subsequent admissions.....	846
Hereditary transmission.	847
Civil condition.	847
Degree of education.....	847
Duration of insanity and period under treatment of patients dis- charged recovered.	848
Duration of insanity and period under treatment of patients dis- charged not recovered.....	848
Duration of insanity and period under treatment of patients who died.	849
Ages of patients admitted.....	850
Ages of patients discharged.....	851
Ages of patients who died.....	851
Duration of insanity of cases admitted during year.....	852
Period of residence.....	853
Occupations of patients admitted.....	853
Nativity of patients.....	858
Residence by counties of patients admitted.....	859
County and classification of patients under treatment.....	860
Number of idiots and epileptics in county poorhouses.....	862

REPORT.

ALBANY, *January 6, 1896.*

To the Legislature:

In compliance with the statute which requires that "the commission shall annually transmit to the Legislature a full report of their acts, together with such facts in regard to the insane, and the management and conduct of the asylums for their care and treatment, as they may deem necessary for its information, to which they shall add in proper form and detail the measures which, in their opinion, are best adapted to improve the care and treatment of the insane," the State Commission in Lunacy herewith presents its seventh annual report, covering the fiscal year beginning October 1, 1894, and ending September 30, 1895.

Repeating what, in substance, has been observed in previous reports, it may be fairly held to be both proper and useful that a report treating of subjects which directly affect all the insane of the State, now numbering over 20,000, and also the vast and diversified interests, social, moral and material, which are related to the welfare of that class of the population, should not confine itself to matters exclusively or specially concerning the Legislature, but should widen its scope to include other affairs relating to this department of the State government — such affairs as may rightfully claim the attention not only of those personally engaged in conducting or serving institutions for the care and treatment of the insane, but also of the general public, especially

of that large number of persons who pay direct taxes for the support of the State government, one of whose largest expenditures is for the maintenance of its dependent insane. As to this great body of taxpayers it is presumable, if not certain, that they are interested in knowing how the lunacy laws of the State are being administered from year to year, and how far the object for which such great sums of public money are expended is secured in actual operation of the present system. Hence, to properly inform all readers who are or who may become interested in the topics of which such a report treats, it will necessarily involve some repetition and some reiteration of matters already familiar to the Legislature through previous reports or communications made by the commission to it or to its committees during the session.

As far as it has been found practicable to do so, this report discusses only those subjects which presented themselves within the fiscal year from October 1, 1894, to October 1, 1895; but in order to more fully apprise the Legislature of existing conditions which may require or may modify its action, it has been deemed advisable to insert some matters arising since the close of the year.

For the purpose of making the report as intelligible as possible, in regard to the many interests of which it must treat, it has been deemed wise to follow in the main the plan previously adopted of subdividing the report into principal parts, as follows:

VOLUME 1.

Part 1. State hospital system.

Part 2. Exempted county asylum system.

Part 3. Licensed private institution system.

Part 4. General asylum system.

Part 5. Summary of recommendations.

Part 6. Statistics.

Part 7. Asylum directory.

VOLUME 2.

Report of Rochester State Hospital.

Report of Collins Homeopathic Hospital.

Report of State Charities Aid Association.

First annual report of commission.

The commission has decided, in view of the fact that the edition of its first report has become exhausted, and is in demand, to have the same reprinted and inserted in the second volume of this report.

Respectfully submitted,

CARLOS F. MACDONALD,

President.

GOODWIN BROWN,

HENRY A. REEVES,

Commissioners.

VOLUME I.

PART I.

STATE HOSPITAL SYSTEM.

CHAPTER 1.

STATE CARE OF THE INSANE.

The close of the fiscal year 1894-5 saw the dependent insane of fifty-nine of the sixty counties of the State under care and treatment in State hospitals. Kings county had been admitted by an act of the Legislature of 1895, which took effect on October 1st of that year; this act is more particularly referred to under the head of exempted county asylums. In practical effect the insane of the sixtieth county (New York) is also under the control of the State, as the Legislature of 1895, in its appropriation for the support of the insane, intended to include, and did provide for, the insane of that county, although, as will be more particularly referred to hereafter, the bill to convert the New York city asylums into the Manhattan State Hospital, during the fiscal year covered by this report, failed to become a law.

It is worthy of note that it has taken sixty years to bring about the final completion of the State care system, since it was partially outlined and begun in 1836, the first appropriation for the Utica State Hospital having been granted in that year. All of the dependent insane are now under State care, the work of removing those of them remaining in county almshouses having been completed over one year ago.

The principle that the State should take upon itself the entire charge and cost of caring for its dependent insane, in institutions controlled and managed under its direct supervision, having been fully accepted by public opinion, and formally recognized and established by repeated acts of the Legislature, from this time forward there remain for discussion only such questions as relate to the general policy of the State in the conduct of its hospitals for the insane. As now finally wrought out and fixed in the perma-

State Care of the Insane.

nent policy of the State, the present system may justly be considered the most complete and comprehensive which has ever obtained, at any time or place, on this continent; indeed, the same claim may probably apply to all other parts of the world. Nowhere else, so far as can be ascertained, is there in actual operation so broad and catholic a policy in relation to the care of insane persons as prevails to-day in the State of New York. State care, to a greater or less degree, does exist in other States and countries of America and in Europe, but in some instances its cost is borne partly by the State and partly by municipal divisions thereof, while in other instances different modifications affect the general principle, so that it is doubtless safe to claim that in no other State or country are all the dependent insane, whether acute or chronic, maintained in State hospitals, under one administrative system, and out of the proceeds of State taxation. The Legislature of this year, by chapter 693, enacted, that hereafter, beginning with the fiscal year 1895-96, every expenditure, of whatever name or nature, for or on account of the dependent insane, after adjudication as such, shall be chargeable to and paid from the State treasury. It is proper here to say that the incorporation in the statute of this policy of one general appropriation for all purposes of lunacy administration was greatly strengthened and promoted by the vigorous terms of Governor Morton's first annual message, wherein, referring to the subject of "The Dependent Insane," he said:

"Examination shows that for the past eight years the appropriations for buildings, repairs and improvements alone have averaged more than \$1,000,000 per year. Careful inquiry into the subject leads to the conclusion that with a more judicious plan of both appropriation and expenditure, one-half of this annual amount would have been ample for the purpose. But so long as the practice exists of making separate appropriations for each institution, without consideration of the needs of the State as a whole, such excessive expenditures are likely to result. It is, therefore, suggested that in lieu of this unbusinesslike method, the

State Care of the Insane.

annual tax for maintenance be increased to a sum sufficient to provide for the needs of all the State hospitals, including additional accommodations for the annual increase in the number of inmates as well as for repairs and improvements, and that this gross appropriation be apportioned and expended among the various hospitals under the law controlling the ordinary expenditures for care and support. These laws have yielded good results by reducing materially the cost of caring for the dependent insane, and at the same time insuring to them every necessary comfort and attention. The large appropriations of the past have enabled the commissioners to extend the building accommodations, so that, including those now in course of erection, no additional buildings will be required for some years to come, and the immediate needs will only require the furnishing of about three hundred beds to accommodate the estimated increase of inmates. This will involve a comparatively small outlay, for if the buildings are erected on the present State hospital grounds (as contemplated by the act of 1890) the cost should not exceed \$550 per capita, the sum prescribed in the act referred to, including furniture and fixtures. This course must be followed if economy in the care of the insane is to be observed. The expenditure for this purpose is already one of the largest items in the State budget, and if the counties of New York and Kings adopt the course they are expected to, of asking to be relieved of the care of their insane, the annual appropriation for the maintenance of the indigent insane will exceed in amount the appropriation for any other single department of the State government. It will approximate \$3,500,000 to \$4,000,000. It is, of course, conceded that the two counties last named have the perfect right to turn over their insane to the care of the State, and the dictates of humanity and justice favor the transfer. The total number of insane in the various institutions of the State is nearly 20,000, of whom about 9,000 are in the asylums of New York and Kings counties. During the past year the last of the insane remaining in the poorhouses of the various counties and towns have been

State Care of the Insane.

transferred to the State hospitals, under the operation of the State-care-of-the-insane act."

The present State care system was further advanced and solidified by the adoption of the new constitution, which provides that the commission shall be a constitutional body, with exclusive jurisdiction over the insane, thereby embedding in the organic law the perpetuity of this branch of the State government and removing forever the danger or the possibility of its abolition through any aberration of legislative action. This added dignity and enlargement of the permanent functions of the commission also tended to unification and consolidation of the various interests which concern the insane and of affairs which affect the administration of lunacy laws. The threefold constitution of the commission on a basis of medical, legal and lay or business experience, the character of the service to be rendered by them, paid for by fixed salaries and exacting a full measure of their time and attention; the careful and constant supervision which must be exercised over all institutions for the insane, not merely as to the standard of care and treatment therein but extending a general control, in at least an indirect sense, through the legal requirement of itemized monthly estimates for all expenditures whatsoever, none of which can be made except upon such estimates duly examined and approved — these conditions, separately advantageous, are jointly certain to produce better results than have attended the methods heretofore pursued. The conclusive proof of this claim is found in the fact that, after two years of actual trial, a large saving in outlay has been effected, while at the same time the standard of care in the hospitals, as to food supplies, clothing, furniture, bedding, nursing, medical treatment, increased accommodations, and all essential items of health, comfort and physical welfare of their inmates has been raised to a higher level than before. But it should be noted that this exclusive control by the State through its own appointed agency, does not exclude a proper and wholesome exercise of authority by local boards of man-

State Care of the Insane.

agement over the several hospitals; the legitimate powers and functions of those boards are continued substantially unimpaired, except in so far as relates to the expenditure of money, over which, by the estimate law, a practical veto is vested in the commission; and as to this arrangement it may be said that experience has demonstrated its wisdom and utility in the direction both of economy and of uniformity of methods — results which, however desirable in themselves, are still more important as aids to improvement in the condition of the insane.

Thus the people of the State of New York, actuated by the conviction that “nations are never impoverished by the munificence of their charities,” have finally and unequivocally determined and provided for the control and care of all their insane who are unable to obtain private care, through a well-devised, permanent and comprehensive system of State supervision and State maintenance — a system which contains within itself the essential elements of self-perpetuation and practically unlimited extension, and which makes it obligatory upon all counties, as well as to their financial interest, to place all of their dependent insane in State hospitals under the absolute control of the State.

In 1893, the Legislature made a general appropriation for the support of the State hospitals, as provided in the State Care Act, and put upon the commission the responsibility of supervising the expenditures of the hospitals through a system of itemized monthly estimates, to be formulated and revised by it. It was not to be expected that when the State should assume the entire expense of maintaining the hospitals, involving an annual outlay of millions of dollars, it would continue the former method of expenditure by local officials, with practically no uniformity in the system, and with no supervision by any central authority which should be independent of local influences. In other words, when the policy of the State became fixed in respect to paying the whole cost of maintaining its dependent insane, it became self-evident that the former financial methods could not be adapted to the new conditions, and, consequently, that the need of some central super-

State Care of the Insane.

vision and control of the moneys to be expended for that purpose would be imperative.

In entering upon the work of supervising the expenditures of the State hospitals, the commission was deeply impressed with its duty to the dependent insane on the one hand, and with its responsibility to the taxpayers on the other. It also realized that at the outset it must necessarily encounter difficulties in putting into practical operation a law which necessitated an entirely new financial system, involving a radical departure from methods which had been sanctioned by long usage and time-honored custom, and under which the funds received by the hospitals from various sources were expended under the supervision and audit of local boards of managers.

In the inauguration of the new system it was inevitable that misunderstandings and friction between the commission and the hospitals should arise. The superintendent of the Utica State Hospital, in his report for 1893, pointed out this danger in the following prophetic language: "The transition from the old order of things to the new, will not be accomplished without friction. Soon, however, the machinery must adjust itself to the new requirements. And surely one may safely leave the future to take care of itself, if, in meeting the new problems that will arise, we pause to ask ourselves the simple question whether the end we have in view is the application to our every day work among, and in behalf of, the insane, of the humane principle that underlies the State Care Act, and which alone made its passage possible."

It would also be surprising if, in the application of a financial system of such vast magnitude, and involving such widespread interests, mistakes in minor matters should not have been made by the body having the matter in charge. That such mistakes were made the commission freely admits, but it believes that with the better understanding of things which has come about between it and hospital authorities, now that the financial system is in successful and practically frictionless operation, no one who is conversant with the situation to-day, and with the results at-

State Care of the Insane.

tained, would deny the wisdom of the new financial methods. Furthermore, it may be said that the present method of expenditure and accounting, as embodied in the system of itemized monthly estimates, now that they have become familiar with it, is acceptable to substantially all of the hospital superintendents. It is not claimed that the new system is, unlike other human agencies, without imperfections. It is claimed, however, that its already demonstrable advantages over the system which it superseded, are so great as to convince even the most skeptical of its former opponents of its superiority in both its humane and its financial aspect.

Under the act of 1893, superintendents of the State hospitals are required to meet once in each month at the office of the commission in relation to monthly estimates and for the purpose of conference upon matters of general interest to the hospitals, thus establishing a close personal and mutually advantageous relation between their officers, and enabling all of the hospitals to derive the benefit of every good feature that has been developed in any one of them. This arrangement, through the direct touch and intercourse involved, promotes harmonious relations between the superintendents themselves, and between them and the commission, to an extent not easily secured otherwise; its advantages are so apparent that they are now freely admitted by all who have to do with the insane, and no doubt can be felt that the plan in question will be permanent.

The following excerpts from the reports of superintendents of State hospitals for the year covered by this report, not only reflect the views of those officials in respect to the new method, but indicate the status of existing relations between the hospitals and the commission:

The superintendent of the Binghamton State Hospital in his report for 1895, says: "The operation of the hospital under the State Care Law has been highly satisfactory. Difficulties incident to the experimental stage of a new system have disappeared,

State Care of the Insane.

and the friction which at one time threatened serious complications has entirely subsided. The new financial scheme inaugurated by the State Commission in Lunacy has been found not only practical but much more systematic and convenient than the method previously in use. The great powers vested in the commission under the new law have been wisely exercised, and it is pleasing to be able to record that many of the supplies that the hospital has obtained under the estimate system have been superior in quality to articles of a similar kind previously used. This has been notably so with such articles as beef, butter and sugar. During the entire year we have used none but Chicago dressed beef in carcasses of not less than 600 pounds and of the best quality. Our butter has been made by the separator process and has been purchased directly from the best creameries. The use of brown sugar has been entirely discarded and in its place only white granulated sugar is now used. With our cold-storage buildings equipped with refrigerating apparatus enabling us to keep the meat rooms near the freezing point, the butter room at a much lower temperature, and the fruit rooms at any desired degree of cold, we have been able to preserve perishable provisions and to save considerable money by purchasing when prices were low."

The superintendent of the St. Lawrence State Hospital, for the same year, says:

"Our relations with the State Commission in Lunacy during the past year have been harmonious and pleasant. The new system of supervision of accounts has become a matter of no embarrassment and very little friction and seems to work very well."

The superintendent of the Utica State Hospital, in his annual report for 1895, under the head of "Official Relations," says:

"Relations with the seat of government, through the State Commission in Lunacy, have become more intimate in proportion as successive acts of the Legislature have involved a growing centripe-

State Care of the Insane.

tency. It is a pleasure to note a nicer gearing of the parts of this vast and complex piece of machinery and to experience the employment of ball-bearings, as it were, where formerly there was some friction in transmitting motion. Official visitation was had by the Commission in Lunacy on October 13, 1894, and May 18 and 23, 1895, and on my part frequent communication (almost daily by letter and monthly by conference) has been had with the office of the commission in Albany."

CHAPTER 2.

CIVIL SERVICE IN STATE HOSPITALS.

The application to the State hospitals of the principle of civil service competitive examinations has proven a most helpful means of securing for this department of the State service the immense advantage of trained and skilled and really competent officers.

The commission is pleased to be able to state that in the matter of appointment and retention of their resident officers and subordinate employes, the State hospitals are practically no longer subject to political favoritism; also, that the element of "politics" in the boards of managers and trustees is rapidly being eliminated, through the agency of a healthy public sentiment, which regards the care and treatment of the insane as something which should be sacredly kept above partisanship; and, it may now safely be said, that under the operation of the Civil Service Law, the State hospitals have reached a point of safety in this matter, beyond the danger of a relapse. At the request of the commission, the Civil Service Commission, with the approval of Governor Hill, adopted a rule in 1890 providing, in substance, for open competitive examinations for the positions of the various resident officers of the hospitals, and raising the standard of eligibility to such examinations so as practically to bar out incompetent and inexperienced persons. Under this rule, applicants for examination for the position of superintendent must have had at least five years' actual experience in a hospital for the insane, while those for the position of first assistant must have had three years of similar experience, and junior assistants must have had one year's experience in a general hospital, or one year's continuous service as medical interne in a hospital for the insane. Each must pass a competitive examina-

Civil Service in State Hospitals.

tion, be a graduate of a legally chartered medical college, a resident of the State, and of good moral character. Selections for appointment from each class must be made from the three highest on the eligible list of that class. Promotions from the grade of junior to intermediate grades, below first assistant, may be made without examination.

The effect of this rule, which has now been in operation since April 28, 1893, has been to materially raise the standard of the medical service, by securing a much better class of men in the lower ranks, and paving the way for promotion to the higher ranks of experienced and worthy men who merit promotion, but who seldom obtained it under former methods, unless they happened to have so-called "influence" with their board, or with those who controlled their board. Under the new system five first assistant physicians have become superintendents, and there are several others on the eligible list from which future selections will be made. By thus doing away with the element of favoritism which obtained under the old system one great source of dissatisfaction among assistant physicians in the hospitals has been removed. It is believed that the letter and spirit of civil service principles are more carefully observed in the State hospitals than in any other department of the State Government, and that under their operation the hospitals are as free from partisan influences, both in the matter of appointments and in the tenure of office during efficiency and fitness, as it is possible to have them under a republican form of government.

In two separate instances the adoption of this competitive method has served to prevent the appointment as superintendent, with all the large powers for good or ill incident to such a position, of men who had not had any special or suitable training for the place.

As reflecting the views of superintendents on this subject extracts from the report of the Civil Service Commission presented

Civil Service in State Hospitals.

to the Legislature during the present fiscal year, are presented as follows:

“The commission takes further pleasure in being able to report that whenever an appointing officer has sincerely co-operated to carry out the Civil Service Law and rules, he has found that it relieved him of embarrassments in making appointments, giving him better service in his department and enabling him to render better service to the State. Almost invariably it has made such officials advocates of the idea embodied in the Civil Service Law. This commission has requested many of the heads of State institutions, positions in which are filled from the eligible lists, for a frank expression of their views of the merits or demerits of the Civil Service Law as applied to their institutions. Replies were received from which the quotations below are taken.”

Charles G. Wagner, M. D., superintendent of the Binghamton State Hospital, says: “I beg to state that I regard the law as wholesome in the highest degree. It has proved a great protection to the hospital service, and has enabled the hospital of which I am superintendent to procure a higher grade of officers and employes in its various departments than would have been otherwise possible.”

Selden H. Talcott, M. D., superintendent State Homeopathic Hospital, Middletown, says: “So far as its practical application in determining the qualifications of aspirants to position is concerned, the system is admirable, and in the long run it will, in my judgment, tend to improve the service. It sometimes happens, however, that a person who is not eligible for position under the rules is really very valuable as a worker. We have had nurses who were very indifferent scholars, but who were excellent, kind-hearted, and sympathetic attendants upon the insane. Under the present plan, delays in securing needed and satisfactory help may occur; but that defect might be remedied. It seems to me that the managers of each public institution should be authorized, under the Civil Service Law, to employ workers who are not strangers, but who are familiar with the duties pertaining to the various

CIVIL SERVICE IN STATE HOSPITALS.

positions in our public hospitals. The Civil Service Commission might facilitate appointments to the various positions, outside of the classes now examined by the local examiners, by having every two months an examination of candidates for the position of clerk, stenographer, etc., in each of the cities where the State hospitals are located. Occasionally a candidate is unable to visit Albany for examination, and it seems to me it would be wise for the State to provide examinations of candidates without any expense whatever to the latter."

J. B. Andrews, M. D., superintendent of the Buffalo State Hospital, says: "In my opinion the operation of the law has been of assistance to these institutions in elevating the standard of the employes connected therewith.

"First. It has proved a safeguard against the possible introduction of politics as the basis of employment.

"Second. It has made the superintendent and officers entirely independent in their action in choosing from the applicants for the various positions, those who present only desirable qualifications.

"Third. It presents a barrier against the introduction of uneducated, unintelligent and unworthy candidates.

"Fourth. It has led to a closer scrutiny of the previous history and character of applicants, and by demanding letters of recommendation has made it more difficult for the unworthy to obtain entrance to the various positions.

"Fifth. The law, if carried out in its proper spirit and intent, relieves the officials of much responsibility in cases of trouble or question regarding the character or method of entering the service of those employed.

"Sixth. The limitations as to age have proved of advantage in preventing the employment of those who are too young to assume the duties of attendants, or so old and fixed in their ways of life as not to yield to the discipline and demands required of those who assume charge of the helpless class of the insane."

Theodore H. Kellogg, M. D., superintendent Willard State Hospital, says: "It is my belief that some tests of the intellectual,

Civil Service in State Hospitals.

moral and physical fitness of candidates for positions in these hospitals are absolutely necessary, and that while those employed under civil service rules are not perfect, they are still better than any others with which I am acquainted."

E. H. Howard, M. D., superintendent Rochester State Hospital, says: "The effect of the Civil Service Commission upon the hospital service has been found to be satisfactory relative to the appointment of attendants. Since our establishment as a State hospital there have been no vacancies on our medical staff, consequently we have had no experience in appointments other than Schedule D."

P. M. Wise, M. D., superintendent St. Lawrence State Hospital, Ogdensburg, says: "Previous to the formation of the rules of the Civil Service Commission, shortly after the passage of the law creating the commission, Col. Silas W. Burt, then chief examiner of the commission, made an exhaustive examination of the service in the several hospitals, and made an observation at that time to the effect that if the methods of appointment and the condition of the service in other departments of the civil service of the State, were up to the standard of that in the asylums, the necessity of the Civil Service Law would not have been apparent.

"Notwithstanding this favorable opinion, my belief is that the operations of the law have tended to an increase in the efficiency of the service, and that it acts as a safeguard in preventing a departure from a high standard that was open to possibility under the old system.

"In the lower grades of the service there is no temptation to abuse or no great competition for place, on account of the comparatively low wages that are paid in the hospitals. Nurses and attendants are paid but little in advance of domestic servants and laborers.

"If the wages were sufficient to attract pressing competition the restraining influence of examination, and the necessity of showing a definite educational standard, would operate in a salutary way. It is quite common experience, I think, now as always, that

Civil Service in State Hospitals.

this service might be sought, and that in addition to the common school education that is required under the rules there is a more important need in ascertaining the moral standard and temperament, which, with our present knowledge, can only be obtained by experiment, or by intuition of the appointing power, after personal contact and inquiry. I do not believe that any system of examination can determine the requisite fitness of persons for the personal attendance upon the insane. The Civil Service rules, however, do not embarrass us in applying this test, and, in my opinion, they operate to the advantage of the service, by restraining those who are in the lower grades from pressing claims for promotion, when they lack the necessary standard of education. Also, in the same manner, repressing a wholly unfit class of persons from attempting to enter the service.

“In the higher grades of service that come under rules for competitive classes, it has acted both advantageously and detrimentally. In all the clerical positions, competitive examination is eminently fitting, as candidates can be examined positively for the very functions of the office they seek. The emoluments of office must be sufficient to attract applicants, and if the standard is too high, and the attractions insufficient, the result will naturally be, as it has been in several instances, a starved eligible list. The result of this is crippled service.

“The medical service has been the cause of greater embarrassment to superintendents than any other, for reasons, perhaps, for which the Civil Service Law may not be responsible. Since the change in rules putting medical officers in the competitive class, there has been a dearth of proper applicants, and as a result the efficiency of the service has been crippled. While assistant physicians were in the non-competitive class, a superintendent could seek persons that were socially, morally and physically fit, and send them to the Civil Service Commission for their educational test. Now the eligible list is created without regard to the temperament, civil condition, or innate tendencies — all fully as important in an asylum for the insane as educational fitness — and

Civil Service in State Hospitals.

superintendents are confined to three of such lists from which to make a selection. It is true that the initial appointment is for a definite time, during which the appointing power may end the service, but it would seem an injustice to end such service without palpable cause, and a superintendent would not be sustained in such action, whatever his convictions might be. The only apparent gain in putting these officers in the competitive class, is to prevent superintendents from acting under partisan or friendly pressure, a danger that has not been apparent to me. I do not believe the medical service has increased in efficiency since this change in the rules.

“The rule authorizing the employment of medical internes for a year’s training for assistant medical officers can not be too highly commended, and will probably result in overcoming much of the embarrassment mentioned in the last paragraph. It has not been in operation long enough for a practical test, but its principle is correct.

“The placing of medical superintendents in the competitive class is, in my opinion, an error. Good, bad and indifferent material will seek the eligible list and will gain it. Only a small part of the capabilities that should be held by a medical superintendent are tested by the civil service examination, and yet he gains a prestige that has heretofore required years of honorable and efficient service. The good will be selected, leaving the bad and indifferent, and from this material must boards of managers make their selections for the most important professional and executive positions, below the central officers, in the gift of the State. It is radically wrong, and will sooner or later show the unwisdom of the rule in its practical working, if it has not done so already.

“Summing up an answer to your question from what I have here stated, and from other observations, I can say that the effect of the Civil Service Law upon the hospital service has been uplifting and beneficial, and although in some respects embarrass-

Civil Service in State Hospitals.

ing, has, as a whole, been a help in supporting efforts for a high standard of service."

G. Alder Blumer, M. D., superintendent Utica State Hospital, says: "Let me premise by declaring that I am a firm believer in the great principle that underlies the Civil Service Law and that, on the whole, as regards practice, the expectation of its friends in the State hospital service has been fully realized.

"Beginning with the lower grades, attendants, nurses, etc., the prerequisite of examination by our local board of examiners has had a wholesome influence upon the service in so far as it effectually excludes from the eligible list of candidates persons whose illiteracy is of such a degree as to prevent attainment of the modest standard of scholarship prescribed by the rules. Incidentally, it is a satisfaction to the appointing officer that it can not be alleged that so-called 'influence' plays a part in securing appointments, and that, on the other hand, the claims of candidates must be considered on their merits solely.

"As regards apothecaries, it has seemed to me, in view of the paucity of candidates, that such appointments might be taken out of the competitive class and made non-competitive under the rules, provided always, as is actually required, that the candidate shall have passed the examination of the State Board of Pharmacy. It has sometimes been difficult to procure precisely the man desired, under the present plan, a difficulty which, in some instances, would have become an impossibility but for concessions on the part of the Civil Service Commission.

"So too, as regards stenographers. The relations of such employes to the superintendent are of a confidential nature, calling for a peculiar general fitness, both as to character and efficiency, which is hardly susceptible of demonstration by competitive test. The needs of the service would be adequately met, it seems to me, by requiring the nominee of the superintendent to reach a certain standard of excellence by examination by the Civil Service Commission, such nomination to be subject to ratification or interdict as the results of said test.

Civil Service in State Hospitals.

“The most important appointments are those of the medical officers. While I have nothing but words of praise for the qualifications of the assistant physicians whom it has fallen to my lot to nominate under the present civil service rules, it is no reflection upon the Civil Service Commission to declare that those appointments have been secured not wholly by virtue of the rules, but almost in spite of the open competitive test, which applies in this department of the service. By this I mean that eligible candidates, under the system of open competitive examination, have been so few in number as to permit, and, indeed, to require the certification to me of candidates whose application for examination I had personally secured after a tour of the schools and great public hospitals and careful inquiry into their qualifications, for the express purpose of recruiting the service. This result has occurred in the case of all the four assistant physicians who have been appointed at this hospital under the new rules, their standing having been such as to involve their certification to me on the lists of three highest names submitted for selection.

“I can speak authoritatively on this subject from considerable experience. Many a desirable physician, fresh from the service of one of our great public hospitals, highly qualified by education, training and character for this important field of scientific labor, has intimated to me a willingness to enlist but for the precariousness incident to, and inseparable from, open competition. Hospital men (and those, after all, are the candidates whom we all want) have had a surfeit of competitive examination. Their very presence on the staff of a general hospital argues an unusual degree of ability. Many have declared that if by chance — and the element of chance must necessarily play an important part in a written competitive examination, no oral or clinical test being applied — they would not appear among the first three, they would feel chagrined, not to say humiliated, by failure. Thus it has happened that admirable men have held aloof, and the service has suffered in so far as its field of choice has been, and it seems to me, unnecessarily, restricted. True, the provision for the

Civil Service in State Hospitals.

appointment of internes on the non-competitive plan is an excellent compromise measure. I can not but believe, however, that it would be a still further gain to return to the former plan as regards assistant physicians, leaving to the superintendent the widest latitude of selection and to the Civil Service Commission the widest opportunity of examination. *A fortiori* a like attitude should be permitted boards of managers in the selection of medical superintendents. There is no doubt in my mind but that the difficulties incident to the filling of staff vacancies would in this way be materially diminished.

“ Were such a thing practicable, I should rejoice to see greater freedom extended in the matter of ‘residence.’ The rules prescribe that candidates for the medical office shall be citizens of the State, and citizenship of a State involves continued residence therein for at least one year. The practical effect of this rule is forever to exclude from the medical service citizens of other States, because no man can afford to establish a residence in the State of New York on the chance of securing an appointment under her government at the end of a year, as the possible reward of his expenditure in money and patience. I hold that in a department of the State service in which politics do not, and must not be permitted to play a part, in which it is desirable to secure the best possible medical servants, the subordinate and selfish question of State citizenship should not operate to the prejudice of a candidate if he is in the State with a *bona fide* intention of establishing a residence therein. I have personal knowledge that men of the highest eminence in their profession would willingly have accepted the lowest positions on the medical staffs of our State hospitals but for this prohibitory rule. A like rule, if applied to our medical schools and other institutions of learning, the faculties of which enjoy an unlimited field of choice, would surely compromise the cause of American education and do violence to that fine spirit of catholicity and tolerance which is always the attribute of science. Science and State boundaries have nothing in common with each other, and it is an assumption, unwarranted by

Civil Service in State Hospitals.

the facts, that because New York is the Empire State the sun of medical science necessarily rises and sets within that limited range of empire."

Charles W. Pilgrim, M. D., superintendent Hudson River State Hospital, says: "My experience in making appointments in the State hospital service, under the civil service rules, has been very satisfactory, and I have no hesitation in saying that the effect of the Civil Service Law upon the hospital service has been good."

H. E. Allison, M. D., superintendent Hospital for Insane Criminals, Matteawan, says: "From our knowledge of the methods of its working here the law has been beneficial to the service. In the selection of employes in the non-competitive schedules the examinations conducted by the local board in accordance with your requirements have resulted in obtaining a class of attendants of somewhat better education and ability. While superintendents, before the passage of the law, were always free to accept or reject candidates, yet the fact that there is now a limitation of age imposed by the civil service rules has tended to procure the employment of persons of mature judgment and to exclude those who, by reason of advanced years and consequent fixed habits of life, would be unfit for useful service, and yet who otherwise would be unable to perceive why their application should be rejected.

"In the competitive class the list of successful candidates furnished by the Civil Service Commission, as a result of their examinations, has enabled vacancies in the staff to be satisfactorily filled with good men, well qualified and competent to enter upon the discharge of their duties.

"We recognize that the Civil Service Commission has been of assistance in enabling us to obtain desirable candidates, although at times we may have experienced some difficulty in obtaining sufficiently extended lists. We are in thorough accord, however, with a system which has for its purpose the improvement and protection of the public service of the State."

CHAPTER 3.

APPROPRIATIONS FOR STATE HOSPITALS.

From the date of organization of the Utica State Hospital, in 1836, down to and including the year 1892, a period of more than half a century, the method pursued in appropriating moneys from the State Treasury for the support of State hospitals operated unfairly and unequally as between the several institutions. During that period the cost of that support was a public one, but part of it came through bills for maintenance of patients charged to and collected from cities, counties or towns, according to the legal status of the patient, and from the board of private patients, sundry sales, etc., while another part was received through direct appropriations by the Legislature; hence the net outcome, while sure to breed dissatisfaction among the different institutions, was practically impossible of exact ascertainment in its relation to the body of taxpayers. For all that time moneys for the payment of officers' salaries and for some deficiencies in the maintenance fund were obtained from the Legislature, and in every case the cost of buildings, lands, repairs, betterments, etc., came out of the State Treasury. Hence, to ascertain the gross amount actually expended annually, and how obtained, was practically impossible. Soon after its organization the commission attempted to ascertain the exact cost of supporting the insane, and to that end required that all items legitimate to the calculation should be included; theretofore the course in vogue was to reckon a per capita cost without reference to officers' salaries, clothing and transportation of patients, breakage and to some other items. This was misleading and caused constant controversy over the relative cost of maintenance in the institutions of this State as compared with that of institutions in other States. Besides, another important

Appropriations for State Hospitals.

result was that lack of reliable information on this head tended to and did retard the full application of State care for the insane, as it gave ground for honest differences of opinion, and in many counties there was a very general belief that they could care for their own insane, of the so-called chronic class, much cheaper than could be done in State hospitals. In another chapter (chapter 20, Comparative Cost of State and County Care) this question will be discussed more at length.

The first great departure from the old way of appropriating money for State care of the insane dates from the beginning (October 1) of the fiscal year 1893-94. In the spring of that year the Legislature levied a general tax of one-third of a mill on all the assessed property of the State; it was, however, to be devoted wholly to maintenance of the insane, while the method of making separate appropriations for buildings, repairs, improvements, etc., continued in use up to the end of the present fiscal year (September 30, 1895). As a result of following this method, for the five years preceding the closing of the fiscal year 1893-94, the Legislature had appropriated an average of over \$1,000,000 each year, or over \$5,000,000 in all, distributed among the several hospitals, for the cost of new construction, repairs and betterments, enlargements, etc. While, in the judgment of the commission, these large appropriations were excessive and disproportionate to any real necessity, it was also true that the results obtained were unsatisfactory. As has previously been noted, this system of haphazard appropriations, frequently obtained by log-rolling, while it was at variance with correct principles of economy and added heavily to the State's burden of taxation, did not accomplish the object desired or expected, namely, providing sufficient accommodation for the insane. Much of the money was expended on betterments, repairs, improvements of grounds, or plant, embellishing buildings, etc., and did not materially contribute to supplying the increasing need of accommodations for patients. Despite the vast sums expended in this way up to the year 1891, the Legislature in that year had to appropriate nearly half a million dollars to erect the

Appropriations for State Hospitals.

additional buildings needed to house the then inmates of county poorhouses. Yet, wrong as the old method clearly was, it went on for several years longer. The commission had for several years taken ground in favor of a change to what it deemed the more desirable method of a single annual appropriation to cover all expenses incident to care of the insane, including buildings, repairs, improvements, etc., as well as salaries, wages and all other items of maintenance. This advice, unheeded at first by the Legislature, came to have greater weight when it was seen that the extension of the State care system, so as to embrace the whole State, would necessarily involve an immense outlay. Hence, in his first annual message, Governor Morton recommended that a gross sum be appropriated for all purposes of supplying the needs of the dependent insane. (See page 8.)

Acting on this recommendation of the Governor, the Legislature of 1895 appropriated a gross sum, to-wit: The proceeds of a tax of one mill upon the real and personal property of the State, for the benefit of the entire State hospital system, including New York county, which it was expected would become a part of the system before the end of the fiscal year. The proceeds of this tax will yield, for the fiscal year beginning October 1, 1895, the sum of \$4,300,000. In addition to this it is expected that the receipts of the State hospitals from private patients and other sources will reach the sum of \$250,000 more, making available for all purposes for the support of the insane a gross amount of \$4,550,000.

This appropriation was based upon the commission's estimate that out of this sum the maintenance of the insane (including those of New York county) would alone require \$3,553,000, being based on a daily average population of 19,000 patients, at an average yearly per capita cost of \$187, leaving a balance of about \$1,000,000 to be apportioned by the commission to the several hospitals to provide accommodations for the estimated increase in the number of insane, namely, about 800 per year, at the per capita limit of \$550 prescribed in the State Care Act, or a gross sum of \$440,000, the remainder to be applied to the payment of

Appropriations for State Hospitals.

expenses of the commission, the return of alien and nonresident insane to the States and countries where they belong, the expense of collecting from reimbursing patients, and of transportation of large numbers of patients from one State hospital to another, to prevent overcrowding, leaving in round numbers a sum of about \$500,000 for repairs, improvements and renewals to buildings and furniture for the State hospitals, as against an average of \$1,000,000 heretofore annually appropriated for such purposes, notwithstanding there were then but eight State hospitals, the insane of the counties of New York and Kings, amounting to about one-half of the whole number in the State, not being as yet included in the State system. It is true that by reason of the failure of the act providing for the creation of the Manhattan State Hospital to become a law, it is likely that about five hundred thousand dollars, which otherwise would have been used for the insane of New York city, will remain in the treasury. From this sum, however, there will have to be met a deficiency in the State care appropriations arising in the years 1893 and 1894, owing to insufficiencies in such appropriations, and also to the fact that the commission was required to support the Rome State Custodial Asylum, and to pay for the maintenance of various State charges in other institutions, notably the Marshall Infirmiry at Troy, and the Providence Retreat at Buffalo. The commission is therefore expected to provide for the fiscal year beginning October 1, 1895, not only increased accommodations, but all necessary repairs and improvements. It should be borne in mind, however, that this appropriation did not contemplate providing for the deficiency in accommodations in New York and Kings counties, which now amounts to 1,714. The tax rate fixed by the Legislature of 1895, for the support of the insane, for the fiscal year beginning October first of that year, contemplated an allowance of money sufficient for buildings, repairs and improvements for the State hospitals representing all the counties of the State except New York and Kings, and for the maintenance of the insane of these last-named counties at the rate of \$3.55 per week.

Appropriations for State Hospitals.

One of the most potent reasons urged for transferring the care of the insane of New York and Kings from those counties to the State, was the fact that they had failed to make suitable provision for their insane. In nothing was this so clearly shown as in the deficiency of accommodations for both patients and employes, while many of the accommodations which they did have, especially in New York county, consisted of buildings which were totally unfit for human habitation. The most inferior of these buildings, particularly those on Blackwell's and Hart's islands, many of which might properly be characterized as sheds, should be abandoned as soon as suitable buildings can be provided in their stead. In addition to the foregoing considerations, under the operation of the State Care Act, which levies a tax upon all the taxable property of the State, the counties of New York and Kings will inevitably pay as their share of that tax sums in undue proportion to the number of insane patients which these counties send to the State hospitals. In the case of the county of New York this excess will amount to more than \$500,000 per year, even allowing for the sum which will be required for maintenance of its patients, and for the other considerable sum for extraordinary repairs and improvements. Therefore, good faith and equity demand that, inasmuch as the State has assumed the cost of caring for all the dependent insane, some concessions should be made to these two counties, whereby the grievous wrongs which the insane thereof have endured for years may be terminated at the earliest practicable day.

In 1894 the Legislature created what is known as the Collins State Homeopathic Hospital. While the commission believed, and so reported to the Governor, that it was unnecessary, and therefore unwise, to establish a new State hospital at this time, the legislation of 1894 was followed in 1895 by further legislation, which has had the effect of permanently establishing this hospital, and therefore funds must be provided for necessary buildings and equipment.

In view of the foregoing, the commission would recommend that the tax levy for the ensuing year be fixed at the rate of one and one-

Appropriations for State Hospitals.

tenth mills. This rate of taxation will yield, in round numbers, \$4,800,000, which sum, together with the estimated income from private and reimbursing patients, sundry sales, interest on bank balances, etc., will bring the total amount available for the purpose a little over \$5,000,000, and will enable the commission to commence the work of relieving the overcrowding in New York, as well as to provide additional accommodations that will be required to meet the demand therefor in other parts of the State. And here it may be noted that the act which transfers the insane of Kings county to the State contemplates a lease of the Flatbush property for a period of five years, and at the end of that time it may be expected that the State will be required to remove all of its insane in that department of the Long Island State Hospital to King's Park, the number now amounting to 1,200. It may also be assumed that the Manhattan State Hospital bill will be enacted early in the coming session, and will go into effect probably by the 1st day of March, as the decision of the court below has been sustained by the Court of Appeals, which holds substantially that the county of New York must pay its proportionate share of the State tax for the insane, notwithstanding it is separately maintaining its own asylums.*

It is proper to say a word in regard to the overcrowding of the insane. There has never been a time in the history of the State, since it began in 1836 to make direct appropriations, when overcrowding has not existed in greater or less degree; in other words, the Legislature has never made sufficient appropriations to fully meet the demands for additional accommodations. To state it differently, the fact has been that, owing to the financial system which prevailed, while the Legislature may have appropriated enough money, it was not so applied as to relieve overcrowding. The commission is keenly alive to the harmful results of overcrowding the insane, but in the beginning of its work it believed that it was better that there should be some overcrowd-

* Since the preparation of this report the bill for the conversion of the New York city asylums into the Manhattan State Hospital, which was introduced into the Legislature early in its present session, has become a law and is already in effect.

Appropriations for State Hospitals.

ing in the State hospitals than that the fearful condition of affairs which existed in the county poorhouses should continue; that, so long as the insane were provided with comfortable bedding and clothing, with good food and proper care, their condition would be immeasurably better in State hospitals than if they were allowed to remain in the poorhouses. Its constant aim has been to improve the condition of the insane as rapidly as possible, consistently with the funds which were available for this purpose. The State Care Act wisely limited the amount which could be expended for accommodations for the insane, inclusive of furniture, to \$550 per capita, and whenever changes are made in buildings, the commission keeps always in mind the number of accommodations which can be secured within the limit of cost referred to, and while it is desirable that the insane should have all the room necessary for their comfort, and for effecting the best obtainable results of care and treatment, it must be said that it may be a long time before this can be fully accomplished, inasmuch as many of the insane in the counties of New York and Kings should be removed from their present unfit quarters, even if some overcrowding should temporarily result.

The valuation of the buildings alone now in the State care system, as officially reported, amounts to \$9,500,000. The State Architect, estimates that, to keep these buildings in a proper state of preservation and repair, including machinery and appliances for lighting, warming, ventilating, etc., will require an annual outlay of two per cent. on their valuation. This is the usual percentage which is regarded as necessary for the preservation and repair of other classes of buildings and it might be said respecting buildings for the insane that the percentage should be considerably higher, owing to the destructive tendencies of many of their occupants. The present valuation of the furniture in the hospitals is fixed at \$850,000. The State Architect has fixed the amount annually required for repairs and renewals to furniture at sixteen per cent. of its value. From the foregoing it will be seen that the amount provided for these purposes by the Legisla-

Appropriations for State Hospitals.

ture is not an excessive one, and is very much less than the aggregate appropriated under the old system of special items in the supply bill.

For the coming year the financial situation may be stated as follows: Deficiencies to the end of the present fiscal year, i. e., deficiency for the maintenance of the insane for the fiscal year ending September 30, 1894, \$60,000; for the year ending September 30, 1895, \$189,274.20; cost of maintenance of the Rome State Custodial Asylum, taken from the appropriation for the fiscal year ending September 30, 1894, \$30,000; cost of maintenance of the Rome State Custodial Asylum for the year ending September 30, 1895, \$50,000; total deficiency, \$329,274.20.

The cost of maintenance of the insane for the fiscal year ending September 30, 1896, estimated on the basis of the present year, namely, for 19,000 patients at \$190 per capita, will be \$3,610,000; cost of accommodations for the estimated annual increase of patients, 800, at \$550 per capita, \$440,000; leaving a total amount necessary to be expended for the above purposes, exclusive of the sums necessary to relieve overcrowding in the Manhattan and Long Island State hospitals, of \$4,379,274.20.

Estimated revenue for all purposes pertaining to the insane as follows: Proceeds of a State tax of one and one-tenth mills, \$4,800,000; estimated income from private patients in State hospitals, \$150,000; estimated income from reimbursing patients, \$75,000; estimated income from miscellaneous sources, such as sundry sales, bank balances, etc., \$35,000; total, \$5,060,000.

Deducting from the above the sums estimated as necessary for maintenance of the State hospitals, expenses of the commission, cost of returning alien and nonresident patients, cost of maintaining the pathological department, cost of collecting from reimbursing patients, etc., leaves a balance of \$737,725.80 to be applied to repairs and improvements of all the State hospitals as far as possible and to provide additional accommodations and relieve overcrowding in the Long Island and Manhattan State hospitals.

CHAPTER 4.

WILLARD STATE HOSPITAL.

In discussing the affairs of the State hospitals, it has not been the commission's practice to refer particularly to any one institution. Occasionally, however, circumstances make it proper to devote some pages or even a special chapter to a single hospital. During the past year the Willard State Hospital suffered a considerable destruction of property by fire. The work of reconstruction has not been completed, but it is estimated that the cost of replacing the burned laundry and a large part of the kitchen will amount in all to considerably over \$100,000. How the fire originated is not positively known; possibly it occurred through faulty arrangement of the electric light wires, or it may have resulted from defect of laundry stoves. That the greatest care should be exercised in wiring a building for electric light goes without saying. What had been done at Willard in this respect illustrates the need of careful supervision, by which is meant both preparation of plans and specifications by competent designers, and thorough oversight during construction. While the State suffered a considerable loss in the complete or partial destruction of these old buildings, the institution will be the gainer by the substitution of new and improved buildings of modern design and construction, and will secure new and improved laundry machinery, which is absolutely necessary at this hospital, now containing over 2,200 patients, and about 500 employes.

The commission would recommend that the special appropriations, such as were allowed by the Legislature of 1895, for the payment of religious services at this hospital, be discontinued, as they are no longer necessary. The appropriation for maintenance of the hospitals is intended to cover expenditures of this

Willard State Hospital.

nature and will be allowed by the commission in the regular monthly estimates of the hospital.

The commission would here take occasion to commend the change which has recently been made in the superintendency of this hospital, by a unanimous vote of its managers. His experience and training, as well as his known fitness for the duties, warrant the belief that the new superintendent, Dr. William Mabon, will within a reasonable period, bring the condition and discipline of the hospital up to the standard of efficiency from which it had fallen under his immediate predecessor.

The commission would call attention to the fact that the cost of maintenance at the Willard State Hospital is higher than it was previous to the State Care Act, when it was conducted, not as a hospital, but as an "asylum for the chronic insane." Since its reorganization under the State Care Act, on a hospital basis, caring for both acute and chronic insane, it has been necessary to increase the expenditure for maintenance to bring it up to the level of the other State hospitals.

CHAPTER 5.

BUFFALO STATE HOSPITAL.

During the year Dr. Arthur W. Hurd, for several years the first assistant physician of the Buffalo State Hospital, was appointed to succeed the late Dr. Judson B. Andrews, who had been superintendent from the time of the founding of the institution, continuously until his death, in August, 1894. Although the erection of this hospital was begun in the year 1870, it was not opened for admission of patients until 1880.

The appointment of Dr. Hurd illustrates afresh the value of the Civil Service regulation, adopted in 1891, requiring the appointment of superintendents to be made only after competitive examination. Dr. Hurd stood at the head of the eligible list, and it was entirely fitting that he should receive the appointment. Nevertheless, a determined effort to secure the appointment of a physician without experience in the care and treatment of the insane was made. The effort would probably have succeeded had not the Civil Service regulations stood in the way.

The record of extravagance and fraudulent contracts in connection with the early construction of this hospital is fully set forth in the public documents of the State, and it is not necessary to refer to them here, further than to note the fact that, owing thereto the State was subjected to expensive lawsuits in which it failed, it being determined that under the contracts originally made the State must permit all future work necessary to fully complete the hospital in accordance with the original plans and contracts to be performed by the original contractor. These original plans and specifications would not admit of the construction of additional buildings at this hospital at a cost which should not exceed the limit fixed by the State Care Act — \$550 per capita

Buffalo State Hospital.

— the commission being advised by the Attorney-General that buildings provided for under this act could not be erected at Buffalo until after this costly structure, as originally designed, had been fully completed. For these reasons the capacity of this hospital had not been increased as rapidly as it should have been, nor to the extent desirable, when the State Care Act went into full effect; consequently it became necessary to remove a large number of patients belonging to the Buffalo State Hospital district to the Willard State Hospital. The commission is gratified to be able to state that this hospital, as originally designed, has at last been completed, though with a material modification of the interior arrangement; that further obligations of the State to the contractor have come to an end and that provision has been made thereat for substantially all of the insane of the Buffalo Hospital district.

CHAPTER 6.

ROCHESTER STATE HOSPITAL.

The Rochester State Hospital was organized, under the provisions of the State Care Act, by an act of the Legislature, passed May 6, 1891, which established it by transferring to its managers control over the property and inmates of the Monroe County Insane Asylum, but the transfer was not consummated until thirty days after the appointment by the Governor of the board of managers. This location of a State hospital near the city of Rochester, while desirable for convenience of the large population in and about that city, was, nevertheless, open to serious objection, because of its proximity to the poorhouse and penitentiary belonging to the county of Monroe. But the circumstances were such that this could not be helped. The county of Monroe was specifically exempted from the operations of the State Care Act, but the right to turn over its property to the State under such terms as might be agreed upon was reserved to it. The capacity of the institution, while it has been materially increased, is yet too limited for the needs of the insane of its district, and should be further enlarged. The proposition has been under consideration — in fact, it was suggested when the transfer was first spoken of — to purchase the Monroe county poorhouse buildings, with the farm land connected therewith, and adapt the buildings to the uses of the State hospital. While the commission does not regard the purchase of an old building of that character as desirable in itself, yet, under the circumstances, in order to relieve the hospital from the contiguity of a county poorhouse, it would feel that such a step is a warrantable and expedient thing to do. No doubt the Monroe county poorhouse, by an expenditure which probably would not

Rochester State Hospital.

exceed \$50,000, could be converted into a fairly acceptable building for State hospital purposes. It is, therefore, in contemplation, if an agreement can be reached with the county for a price which, after deducting the amount necessary to be expended for reconstruction, shall not exceed the State care limit of appropriation for the number of patients to be accommodated, to recommend to the managers the acquisition of the property. In the minds of many people, the Rochester State Hospital, by reason of its nearness to the other county buildings, partakes of the character of a county poorhouse, and nothing that can be said or done will remove this impression, so long as the poorhouse remains where it now is. This idea, no matter how untenable, does materially militate against the largest success and development of the hospital.

Considering the limited capacity of the hospital, it is in excellent condition for effective service; and the new buildings added since it came into the State system, together with the thorough repair of the former county buildings, the enlargement of the water supply, and the extension of sewerage and other branches of its working plant, form a sufficient basis for large future development, so that there seems to be no valid reason why this hospital should not be expanded to contain 1,000 or more patients. It is easy of access from the city of Rochester, and aside from the undesirable nearness of the county buildings, its situation is most eligible; and having in view the foregoing facts the commission heartily commends to the managers and to the Legislature the advisability of purchasing the poorhouse property and adding it to the hospital plant at the earliest practicable date. It is at least questionable whether the State lawfully can, or properly should, invoke condemnation proceedings to acquire land owned by a county; hence, the more expedient way would seem to be for the managers to negotiate with the Monroe county authorities and have them embody the agreed-upon terms and conditions in a bill for submission to the next Legislature, which might proceed to authorize the transfer and to appropriate a sufficient sum as the consideration therefor.

CHAPTER 7.

Investigation of Commission and State Hospitals.

Pursuant to a resolution of the Senate and Assembly, a joint committee of the Senate finance committee and Assembly ways and means committee of the Legislature of 1895, investigated the public institutions of the State, including the work of the State Commission in Lunacy and the State Hospitals for the Insane. The purpose of this investigation, as outlined by the terms of the resolution, was, in brief, to see what steps, if any, could be taken toward consolidation of State departments, and to introduce such reforms as would tend to greater economy in the expenditure of the public moneys of the State. The commission was called upon from time to time to furnish this joint committee with information in the way of statistics and reports. Members of the commission were also examined under oath. The statistics furnished were taken from the official reports of the State hospitals, and in the presentation of these statistics, care was taken to lay before the committee any explanatory facts or ideas which might serve to more fully illuminate the matters treated of, and at the same time to so enlighten the committee in regard thereto as would prevent it from doing injustice to any institution or person.

In some matters the figures given did not pretend to be exact, but were obtained from careful computation and estimate; for instance, the yearly rental value of apartments occupied by medical officers as compared with the rental value of an equal and a similarly furnished space outside the hospital, charged for at ordinary commercial rates. This valuation, in some cases, has been pronounced too high. But it is believed that careful comparison of these apartments and their furniture and fixtures, with similar apartments elsewhere, would be found to uphold the estimates

Investigation of Commission and State Hospitals.

furnished the committee. As containing an important chapter in the history of State hospital work for the past year, and of the progress made in popular appreciation of the present system of administering the laws relating to lunacy affairs, as well as to enable many supporters of State care for the insane to read what otherwise they might fail to see, the committee's report in full, as presented to and printed by order of the Legislature, is here reproduced, together with chapter 693 of the Laws of 1895, which enacts the substance of the committee's recommendations:

REPORT OF THE SENATE FINANCE AND ASSEMBLY
WAYS AND MEANS COMMITTEES, CHARGED WITH
THE INVESTIGATION OF THE STATE COMMISSION IN
LUNACY AND OTHER BRANCHES OF THE STATE
GOVERNMENT.

The subcommittee of the Senate finance and Assembly ways and means committees charged with the investigation of the State Commission in Lunacy and other branches of the State government, respectfully report as to the State Commission in Lunacy that it has made careful inquiry into the affairs and the working of the commission, and has taken testimony of its members and employes. The purport and effect of this inquiry may be summarized as follows:

The commission was instituted by the Legislature of 1889 (chapter 283, as amended by chapter 273 of the Laws of 1890) to consist of three members and to supersede with increased authority the single commissioner who, previously, since 1874, had had sole administrative charge of the legal relations of the State to the insane. This triple basis of the commission, medical, legal and lay, is modeled after the constitution of the English lunacy commission, whose operation upon that basis has for many years been found to be highly efficient and satisfactory to the people of Great Britain.

The commission is composed of a physician, who is its president, a lawyer and a layman, aiming thereby to secure due atten-

Investigation of Commission and State Hospitals.

tion to the medical, the legal and the material or business matters which concern the insane and the institutions for their custody and care. The commission, collectively and individually, is invested with a wide range of powers and is charged with a corresponding extent and variety of duties. Some of its functions are these:

It has exclusive authority to direct the administration of the lunacy laws of the State, and to prescribe rules and regulations governing the method and the form of commitment of insane patients to institutions, their transportation to and transfer from institutions, and the standard of care and treatment to be measured out to them in State hospitals; to fix the quality of supplies — food, furniture, clothing, bedding, medicine and manifold other articles which enter into general maintenance, medical and physical, of the dependent insane; to maintain a systematic collection and preservation of reliable statistics concerning the insane; to register every insane patient, whether public or private, in custody of the State, and to record information relating to such patient on a system which admits of easy application to practical uses; to establish and enforce all safeguards found to be needed for the personal liberty or the physical and moral well-being of the insane not only in State hospitals and county asylums, but also in the private asylums, homes or retreats; to visit and minutely inspect, at least twice in each year, each institution for the insane in the State; to examine the condition of grounds, buildings and equipment of institutions; to approve of plans for repairs, enlargements or new erections; to inquire into cases of wrong or hardship, of unjust detention or of abuse of any nature, alleged or suspected to have occurred to a patient; to regulate correspondence, parole, service of legal process, requirements preliminary to and method of admission to State hospitals, etc.; to cause financial accounts and transactions of the hospitals to be kept on a uniform system after forms approved by the Comptroller; to define conditions for a license of a private asylum and to revoke licenses for sufficient cause; to determine forms for

Investigation of Commission and State Hospitals.

monthly estimates of supplies needed by the State hospitals; also for ordinary repairs and betterments thereat; to revise, compare, allow or disallow items in such estimates with a view to securing, so far as practicable, uniformity in price and reduction in cost to a minimum, for like grades and qualities of goods, whereby wholesale purchases and careful attention to details result inevitably in large general savings. These last-named duties pertaining to the important pecuniary interests involved in the maintenance of the insane, and the powers given to the commission to supervise an expenditure of State moneys approaching to or exceeding \$2,000,000, resulted from the passage in 1893 of the so-called Estimate Law, chapter 214, Laws of 1893, under which the hospitals are required to submit in advance a detailed estimate of each month's requirements to be scrutinized in the office of the commission, and after careful revision to be approved before any money can be drawn from the State treasury. In practical operation, this law for the first year of its existence, from September 30, 1893, to September 30, 1894, enabled the commission to effect a reduction in the cost of maintenance of the State's dependent insane, as compared with that cost in the previous year from September 30, 1893, when the former per capita system obtained, of \$300,000, including therein \$25,000 for transportation of patients, which sum had not made any part of the reckoning for the fiscal year 1892-93, but was provided for in the figures of the year 1893-94. It appears that this remarkable result was achieved without in any degree deteriorating the character or grade of service in the hospitals; on the contrary, in some prime respects the service was greatly improved through the substitution of superior for inferior qualities of goods.

There are eight State hospitals, one State hospital for criminal insane, six county asylums and eighteen licensed private asylums — a total of thirty-three institutions, which the commission is required to visit twice in each year, and oftener, if occasion arises, and to inspect as to the condition of the buildings and grounds, and as to the management and care of their inmates. The present

Investigation of Commission and State Hospitals.

number of those inmates is: In State hospitals, including the Matteawan State Hospital for Insane Criminals, 9,824; in county asylums, 8,831; in private asylums, 830; total, 19,495.

The commissioners are paid for their services as follows: To the medical member, \$5,000 per annum; to the legal member, \$3,000 per annum; to the lay member, ten dollars per day for each day of actual service; and to each member an allowance of \$100 per month in lieu of all expenses for travel or other purposes.

The scope and magnitude of the service rendered by the commission in supervising so many institutions for the insane, tenanted by so large a number of persons drawn from every walk of life and presenting so many phases of mental disturbance, and in guiding and guarding so large an outlay for their care and treatment, is obviously no small task; it calls for the exercise of high qualities and of conscientious devotion to the State's best interests in both a humane and a material sense. The committee has been pleased to find evidence warranting the conclusion that the commission is animated by a proper spirit of zeal and earnestness in its work, and is bringing to it intelligence, energy, courage and good judgment in a degree worthy of this public commendation.

Under the amended Constitution of the State, which took effect on January 1, 1895, the commission is raised from a legislative to a constitutional body, and made a permanent branch of the State government. It is endowed with sole and exclusive jurisdiction over the insane and over all institutions, public or private, for their custody; but it has been relieved from all connection with or charge of the idiotic, the epileptic and feeble-minded, or other defective and dependent classes. Its present composition, on the three-fold basis above referred to, is calculated to insure efficiency in performance and success in administrative results in a larger measure than could be attained by perhaps any different arrangement. A single commissioner could not possibly give adequate attention to all the varied subjects demanding his action; some would necessarily be neglected or deputed to irresponsible subordinates, to the detriment of the service and

Investigation of Commission and State Hospitals.

the financial injury of the State. A larger number is not needed and would prove unwieldy and cumbrous, if not fatal to the promptness of decision and the unity of execution so essential in administering a large trust like the one in question. To how large dimensions that trust has grown, in a pecuniary sense, sufficiently appears from the fact that the commission is required to pass on the merits of special appropriations for the hospitals which for some years have averaged over a million dollars yearly, and that this sum added to the cost of maintenance and of ordinary repairs, etc., brings up the total expenditure annually subject to supervision by the commission to over \$3,000,000.

While such is the nature and extent of the work done in the commission's office, it remains true that the compensation paid to its employes is relatively lower than that paid in other State departments bearing little or no financial responsibility.

With this somewhat cursory résumé of the testimony relating to the commission itself, to the organization and operation of its working force, to the results attained and the service rendered by it as a department of the State government, the committee, having found nothing but what is commendable and meritorious, might be content to rest and to report that in its judgment the Commission in Lunacy is entitled to public confidence, is honestly and capably discharging its important functions, and merits the esteem and favor of the people of the State. But it has seemed to the committee that it would be useful to make, succinctly, some exposition of facts and ideas which this inquiry has supplied concerning the general subject of the State hospitals — their past and present status, their government, location, cost, etc., with some suggestions and conclusions that may be thought pertinent to the inquiry or valuable in future legislation.

The care of the dependent insane by the State, in the place of their support by counties or towns, began in 1843, when the Utica asylum was opened to receive patients. It started with no prece-

Investigation of Commission and State Hospitals.

dents that might direct its method of organization and government, but the system then adopted has been substantially followed in organizing all the other State asylums (now designated as hospitals) since instituted, although conditions then existing had materially changed, and during the intervening years great advances have been made in the knowledge, both scientific and practical, of how insane persons in asylums may best be treated, whether the object be curative or merely custodial. The government of these institutions is vested in a local board of managers or trustees, empowered to appoint the superintendent, officers and employes, subject to civil service rules. The managers are nominated by the Governor and confirmed by the Senate. For many years, or until 1874, there was no effective supervision over the asylums by any State authority; the State Board of Charities had power of visitation, but the managers and superintendents were practically absolute in their control as to appointment and discharge of subordinates, as to purchase of supplies and direction of repairs and improvements, and generally as to the entire management of their institutions. In 1874, when there were four State asylums, including that at Auburn for insane criminals, with a total of 1,539 inmates, the first step toward central supervision was taken in the passage of an act for the appointment of a State Commissioner in Lunacy; but his authority, although much larger than had been possessed by the State Board of Charities, was far from equaling the necessities of the case, and after a time the steadily increasing extent and importance of the field over which his jurisdiction ran, made it physically impossible for one man to do full justice to all the varied interests of the State, of the institutions, and of the insane. In view of these facts, the Legislature of 1889 abolished the one-head commission and established the present body in its stead, having reference to a partition of labor and of attention to the three chief divisions of the work.

In the one feature of asylum management, which especially concerns the Legislature, and which comes most directly into line with the scope and purpose of the resolution under which your

Investigation of Commission and State Hospitals.

committee is acting, to wit: The purchase of supplies and the expenditure of State moneys upon repairs, alterations, improvements in grounds or buildings, additions to the plant, etc., it ought to be said that great looseness of method and almost complete freedom from check or restraint naturally invited, and often did produce, wasteful and extravagant, if not useless outlay. The effect of this unfortunate system of local control, with no efficient State supervision and no effectual audit of vouchers for annual expenditures of hundreds of thousands of dollars of State money, was most obnoxious to sound public policy, and had been disastrous in real results, practically throwing away large sums upon objects of little or no utility, and continually wasting at manifold small leaks which proper vigilance would have stopped. The enactment of the law of 1893, which applies business principles to the business of feeding, clothing and caring for the State's insane, has worked a revolution in this particular, and the large saving effected under it in a single year amply demonstrates its value and efficacy as a measure of genuine reform.

The State hospitals have been located without special reference to the geography or the population of the State, an unfortunate result attributable to lack of central direction; and the determination of their sites has been a prize to be awarded to localities able to exert the most legislative influence. The State Care Act (Chap. 126, Laws of 1890) on this point expressly confers on the State Commission in Lunacy power to "recommend the establishment of another State asylum or asylums in such part of the State as in its judgment will best meet the requirements of the pauper and indigent insane." Under this provision it was intended that no State hospital should thereafter be created until the commission should have deliberately adjudged it to be needed, and the selection of its site was left to be determined by an impartial body free from local influences and able to select the place most convenient to the largest number of inhabitants. But, regardless of this provision, the Legislature of 1894 saw fit to pass an act, without consulting the commission and against its remonstrance, for the establish-

Investigation of Commission and State Hospitals.

ment of another State hospital on what is known as the Collins Farm, in Erie county, some thirty miles from the Buffalo State hospital; a measure which the commission testified is not justified by any necessity whatever.

From 1870 to the present time, there has been expended at the several State hospitals, upon repairs, improvements, new buildings, enlarged plants, land, etc., the enormous sum of over \$13,000,000, while the increase in the accommodations, i. e., in the number of beds, has been relatively very small. For the past eight years the appropriations for that purpose have averaged over \$1,000,000 yearly, with results, so far as the accommodations go, entirely disproportionate to so vast an outlay. This immense and undue liberality toward the State hospitals has been secured through the influence of the local boards of managers, each one seeking to get all it could for its own, and to spend all it got on its own, quite regardless of the State as a whole, and of any general scheme to provide needed accommodations in the most economical and advantageous way. The new Estimate Law, extended as it was in 1894 to cover the cost of repairs, etc., has measurably cured some of the bad tendencies inherent in the former system, but the paramount evil of separate appropriations made on *ex parte* representations of the needs of each hospital, irrespective of the real requirements of the State, remains to be remedied.

The functions of the local managers have gradually diminished and their usefulness, except in a visitorial sense, may well be questioned; if retained at all, they should be of uniform number, not exceeding five; should reside in the immediate vicinity of the hospital, be appointed by the Supreme Court of the district, and be debarred from holding any legislative or State executive office. It is a further impeachment of the present method in vogue for procuring special appropriations that, despite the large sums annually voted, the necessary repairs and improvements have not kept pace with the outlay.

According to the best obtainable information of the present conditions and of reasonable foresight, there is not and for

Investigation of Commission and State Hospitals.

some years to come there will not be any need of another State hospital.

It was clearly shown in testimony that the salaries of officers at the hospitals are unequal, and when joined to their allowances may rightly be characterized as excessive. The method of fixing salaries is irregular and haphazard, with a constant tendency to increases in individual instances, and the aggregate paid for salaries amounts to over one-thirteenth of the entire cost of maintenance. The superintendents are, perhaps, the highest paid officers in the State's employ for a like rate of service; their tenure is for good behavior; they are provided with substantially every expense of living except clothing, even including daily newspapers, medical books and journals; and without reference to the professional qualifications of the incumbents, it may be doubted if the present system of allowances ought to be continued without a suitable adjustment of salaries and allowances, on a basis whereby the compensation would be adequate and even liberal, but not excessive.

In any event, however, the committee is clearly of the opinion that the practice which now appears to prevail throughout the entire State, where the system obtains of providing officers with maintenance in addition to their salaries, of making extra food allowances for officers, differing in quality from those allowed to patients and employes, should be at once discontinued, and the practice which prevails in the army of allowing all commissioned officers and private soldiers certain definite rations, uniform in quality and quantity, should be substituted. The supplies now allowed in the public institutions, with the possible exception of the prisons, are of a sufficiently excellent quality to satisfy the most exacting requirements; and, if the abuses which are plainly evident are to be abolished, this practice of distinctions must cease. Certainly no great hardship would be imposed if the resident officers were required to purchase out of their liberal salaries the extra food supplies which they now receive, and which may properly be characterized as luxuries.

Investigation of Commission and State Hospitals.

The system of administration of the hospitals is tainted with outgrowths from antiquated methods, and opportunities for abuse of power or wrongful exercise of discretion are not sufficiently guarded against; indeed, but for the passage of the Estimate Law, there is strong ground for belief that a serious scandal might sooner or later have arisen over discoveries of flagrant wrongdoing in connection with the purchases of supplies, favoritism in wages and allowances, or making of repairs, etc.

The salaries and wages should be equalized for like grades of service, and the allowances should be defined and allotted on a fair and equitable basis. In fact, the time has come when this policy of the State in allowing lodgings, food, fuel, lights, servants, horses, carriages, etc., to certain of its public servants, although it has continued for half a century or longer, should be carefully inquired into, and, if found objectionable, it should give way to a general system of uniform pay for the same grade of service, leaving to the officers affected to meet their own living expenses as most of the State's other employes are required to do.

What is said of officers' salaries applies, so far as uniformity goes, with equal force to the wages of subordinate employes; they should be classified and their pay equalized.

The benefit derivable from a good law adapted to a given case and fearlessly administered, has been conspicuously shown in the effect produced by the Estimate Law of 1893 as enlarged in 1894; it has accomplished a very large saving to the State, without in any respect lowering the standard of care in the hospitals; and it will go on from year to year saving the State large sums of money. In fact, the estimate system maintains the standard of care in a way that no other system of expenditure could do, for the reason that funds allowed for one purpose — table supplies, for instance — can not be applied or diverted to other purposes at the expense of the dietary, as was easily the case under the old methods. With proper modifications of existing law, further important economies are possible. The law should be extended so as to require hospitals to unite in purchases by contract of staple articles of supply,

Investigation of Commission and State Hospitals.

thereby insuring uniform excellence in quality and economy in cost.

The most important recommendation which the committee deems itself warranted and required by the testimony to lay before the Legislature, relates to the matter of making appropriations for the special needs, actual or assumed, of the State hospitals. As before observed, those appropriations, averaging in amount \$1,000,000 yearly, are now made by the two houses upon partial information and in separate sums, as urged by representatives of the several hospitals, each one confining attention to the particular institution on whose behalf the claim is made. Instead of this slipshod method which ignores obvious principles of prudence and economy, there should be a lump sum determined by the commission, after full inquiry, to be sufficient for all the probable needs of the State, and apportioned according to its judgment of where the necessity for repairs or improvements, new buildings, additional land, etc., is most urgent, and where the convenience or other interest of the State and of the insane can best be met.

For the purpose of more closely bringing the foregoing to your attention, your committee submits matters somewhat more in detail covering the following points:

1. Salaries of resident officers of State hospitals, showing the wide diversity which exists.
2. The salaries and emoluments of superintendents.
3. The salaries and emoluments of the assistant physicians and other resident officers.
4. The number of servants for superintendents and for all the officers.
5. The number of persons in families of officers and employes not on pay-roll, receiving full or partial board or allowances.
6. The number of separate buildings or homes or the apartments of the various hospitals occupied by officers or employes.

Investigation of Commission and State Hospitals.

(1) Salaries of resident officers—State Hospitals.

	Utica.	Willard.	Hudson River.	Middletown.	Buffalo.	Binghamton.	St. Lawrence.	Rochester.
Superintendent	\$4,000	\$4,000	\$4,000	\$4,500	\$4,000	\$4,000	\$5,000	\$4,000
First assistant	2,000	1,800	2,500	3,000	2,400	2,000	1,800	2,000
Second assistant	1,600	1,300	1,700	2,000	1,800	1,700	1,500	1,400
Third assistant	1,400	1,200	1,300	1,500	1,200	1,400	1,300	.....
Fourth assistant	1,300	900	1,200	1,200	1,200	1,200	1,200	.....
Fifth assistant .....	.....	900	1,200	.....	.....	1,000	.....	.....
Sixth assistant .....	.....	900	1,000	.....	.....	.....	.....	.....
Seventh assistant .....	.....	900	.....	.....	.....	.....	.....	.....
Woman physician	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Steward	1,400	1,800	1,500	2,200	1,200	1,600	1,500	1,500
Matron	500	600	600	.....	500	500	.....	600
Treasurer	1,500	1,500	1,500	1,500	1,500	1,500	1,500	600
Total	\$14,900	\$17,000	\$17,700	\$17,100	\$15,000	\$16,100	\$15,000	\$11,300

Investigation of Commission and State Hospitals.

(2) SALARIES AND EMOLUMENTS OF SUPERINTENDENTS AND OFFICERS.

It may be stated in regard to the salaries and emoluments given below, that the estimate of living apartments or buildings for officers is based upon what is considered to be a fair rental value upon the cost of the buildings and furniture as is usually estimated in the rent or purchase of apartments of similar capacity and convenience. It is extremely difficult to ascertain the cost in each instance, because where the officers' apartments are a part of the so-called administration building, it is obvious that it could not be accurately figured out. In the case of the separate houses, it is only possible to approximately estimate the cost, except possibly in the case of the superintendent's house at Ogdensburg, which is stated by the architect to have cost \$15,000, exclusive of excavations and furniture. Those at Willard, Middletown and other hospitals were built partly from special appropriations from the State treasury, partly from the maintenance fund, partly by patients' labor and from building materials about the institution, so that an accurate estimate is not obtainable. The other items are based upon the best evidence obtainable. They are so interwoven, however, with other expenditures, that nothing more definite can be stated. It is believed, however, that the figures are exceedingly conservative.

The following does not include the free and unrestricted use of postage, stationery, daily newspapers and various periodicals, such as magazines, medical books and journals, the use of telephone, unlimited laundry facilities, use of greenhouses, etc., and other things of convenience incidental to the machinery of a great hospital, nor the use of bands of music furnished by the State for entertainments, nor the free use of medicines and medical supplies. It has been considered that one dollar per day — the usual price, seven dollars per week — considering the service, and the quality of the table supplies, would be a fair estimate for each officer and each member of his family. In some instances, this includes the laundry service. In some instances it might appear that some of the estimates were too low; in others, they might appear too high; but the committee is of the opinion, from the evidence obtained, that the average of the sum total is below the actual value of the emoluments and allowances actually received.

Investigation of Commission and State Hospitals.

(2) Superintendents' salaries and emoluments, 1894-5.

	Utica.	Willard.	Hudson River.	Middletown.	Buffalo.	Binghamton.	St. Lawrence.	Rochester.
Salaries.....	\$4,000	\$4,000	\$4,000	\$4,500	\$4,000	\$4,000	\$5,000	\$4,000
Rental value of furnished apartments or buildings*.....	1,500	42,000	1,500	42,000	1,500	1,500	42,000	1,500
Repairs to furniture and rooms (estimated).....	75	75	75	75	75	75	75	75
Renewals to furniture and rooms (estimated).....	100	100	100	100	100	100	100	100
Heating and service†.....	200	200	200	200	200	200	200	200
Lighting.....	75	75	75	75	75	75	75	75
Laundry, clothes.....	.....	75	75	75	75	75	75	75
Laundry, household\$.....	.....	100	100	100	100	100	100	100
Table supplies at \$1 per day.....	365	365	365	365	365	365	365	365
Two horses, keeping at \$12 per month.....	288	288	288	288	288	288	288	288
Repairs to horses and shoeing.....	50	50	50	50	50	50	50	50
Carriage repairs and supplies.....	35	35	35	35	35	35	35	35
Coachman, and maintenance at \$12 per month.....	.....	600	660	624	420	480	.....	.....
Greenhouse supplies.....	.....	25	50	50	50	50	25	25
Servants—cook.....	{ (1 at \$18)	{ (1 at \$17)	{ (1 at \$25)	{ (1 at \$20)	{ (1 at \$20)	{ (1 at \$14)	{ (1 at \$14)	{ (1 at \$20)
	216	204	300	240	240	168	168	240
	{ (1 at \$18)	{ (1 at \$16)	{ (3 at \$16)	{ (1 at \$20)	{ (1 at \$18)	{ (1 at \$17)	{ (1 at \$12)	{ (1 at \$12)
	216	192	576	240	216	204	144	.....
	.....	.....	.....	.....	.....	{ (1 at \$35)	.....	.....
	{ (1 at \$22)	{ (1 at \$22)	.....	.....	.....	300	.....	.....
	264	.....	.....	.....	.....	.....	.....	.....
Laundress.....	360	240	480	240	240	240	240	120
Maintenance at \$10 per month.....	.....	.....	.....	.....	.....	.....	.....	.....
Maintenance of others in family, which includes laundry at \$1 per day.....	(5) 1,825	.....	**720	(2) 720	.....	.....	(3) 1,095	(2) 730
Total.....	\$10,219	\$8,624	\$9,649	\$9,977	\$8,029	\$8,137	\$10,085	\$7,978

* Above charge is based upon a fair and conservative cost value of said apartments or buildings and furniture.
 † Building. ‡ Above includes
 ‡ Above includes bedding, table linen, etc. § Above includes bedding, table linen, etc.
 ‡ Not stated in estimate. ¶ 1 and 1 infant.

Investigation of Commission and State Hospitals.

(3) SALARIES AND EMOLUMENTS OF ASSISTANT PHYSICIANS AND
OTHER OFFICERS.

In the following statement, lack of space forbids the minute detail which is given in the case of the superintendents, and the allowances to the other resident officers are therefore grouped. The use of apartments for the various officers is estimated at ten dollars per week each, and the repairs to rooms and renewals of furniture is estimated at \$100 per year in addition. To those conversant with the structures occupied by the resident officers of State hospitals and the furniture, this will be seen to be a moderate statement. The table supplies are estimated the same as in the case of the superintendents, at one dollar per day, and the wages given are those which appear on the pay-roll. The maintenance of the servants is placed at ten dollars per month each.

Investigation of Commission and State Hospitals.

(3) Assistant physicians and other officers. Salaries and emoluments, 1894-5.

	Utica.	Willard.	Hudson River.	Middletown.	Buffalo.	Binghamton.	St. Lawrence.	Rochester.
Assistant physicians.....	(4) \$6,300	(7) \$7,900	(6) \$8,900	(4) \$7,700	(4) \$6,600	(5) \$7,300	(4) \$5,800	(2) \$3,400
Woman physician.....	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Steward.....	1,400	1,800	1,500	2,200	1,200	1,600	1,500	1,500
Matron.....	500	600	600	.....	500	500	.....	600
Treasurer (salary only).....	1,500	1,500	1,500	1,500	1,500	1,500	1,500	600
Rental value of furnished apartments or buildings.....	*3,500	+5,450	+4,750	\$3,000	23,000	||4,250	\$3,250	**2,500
Repairs to furniture and rooms at \$100 each; renewals to furniture and rooms (estimated).....	700	1,000	900	600	600	800	600	500
Heating and service, each \$150.....	1,050	1,500	1,350	900	900	1,200	900	750
Lighting, each \$50.....	350	500	450	300	300	400	300	250
Laundry, clothes, at \$75.....	525	750	675	450	450	600	450	375
Laundry, household, at \$75.....	525	750	675	450	450	600	450	375
Table supplies at \$1 per day.....	(7) 2,555	(10) 3,650	(9) 3,285	(6) 2,190	(6) 2,190	(7) 2,555	(6) 2,190	(5) 1,825
Servants (represented by balance after deducting those for superintendents).....	(7) 1,200	(9) 1,392	(6) 1,236	(6) 1,452	(5) 504	(10) 1,704	(8) 1,452	(4) 768
Maintenance at \$10 per month.....	840	1,080	720	720	600	1,200	960	480
Maintenance of others in family, including laundry, at \$7 per week.....	(3) 1,092	(4) 1,456	(5) 1,820	(11) 4,004	.....	(5) 1,820	(9) 3,276	(2) 728
Total.....	\$23,237	\$30,328	\$29,561	\$26,666	\$19,994	\$27,229	\$23,828	\$15,851

* 7 suites at \$500. + 9 suites at \$500; 1 cottage at \$750.
 \$750. ¶ 5 suites at \$500; 1 building at \$750. ** 5 suites at \$500.

§ 6 suites at \$500.

|| 7 suites at \$500; 1 building at

Investigation of Commission and State Hospitals.

(4) SERVANTS FOR SUPERINTENDENTS AND OFFICERS.

[Those marked with * charged to superintendent.]

An examination of the estimates and vouchers renders it exceedingly difficult to state to what particular officers the servants are assigned, in some instances. For example, it is definitely stated that certain employes are assigned to the superintendent; others are put down to the administration generally. Care has been taken, however, to assign them as nearly as possible.

<i>Utica.</i>	Per year.
Two waitresses, at \$14 and \$18*	\$384 00
Four chambermaids, one at \$16; three at \$14	696 00
One cook, at \$18*	216 00
Two cooks' helpers, at \$14	336 00
One laundress, at \$22*	264 00
One coachman (less board), at \$50*	600 00

 \$2,496 00

<i>Willard.</i>	
One cook at \$17*	\$204 00
One waitress, at \$16*	192 00
One houseworker, at \$16 (steward)	192 00
One coachman, at \$40*	480 00
One cook, at \$16	192 00
One dining-room girl, at \$12	144 00
Six houseworkers, at \$12	864 00

 \$2,268 00

<i>Buffalo.</i>	
One cook, at \$20*	\$240 00
One kitchen helper, at \$14	168 00
One chambermaid, at \$14	168 00
One dining-room girl, at \$14	168 00
One waitress, at \$18*	216 00
One coachman, at \$25*	300 00

 \$1,260 00

Investigation of Commission and State Hospitals.

Middletown.

	Per year.
One cook, at \$20*	\$240 00
One waitress and chambermaid, at \$20*	240 00
One housekeeper, at \$32	384 00
One messenger, at \$12	144 00
One general worker, at \$18	216 00
One dining-room girl, at \$17	204 00
One coachman, at \$42*	504 00
Two scrubbers, one at \$16, one at \$26	504 00
	<hr/>
	\$2,436 00
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Hudson River.

Two chambermaids, at \$16*	\$384 00
One waitress, at \$16*	192 00
Two cooks, one at \$20, one at \$25*	540 00
One waitress, at \$14	168 00
Three chambermaids, one at \$13, two at \$14	492 00
One coachman, at \$45*	540 00
One cook, at \$16	192 00
One waitress, at \$12	144 00
	<hr/>
	\$2,652 00
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Rochester.

One cook, at \$20*	\$240 00
Four houseworkers, two at \$14, two at \$18	768 00
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	\$1,008 00
	<hr/>

Binghamton.

One housekeeper, at \$25*	\$300 00
One cook, at \$14 (first assistant)	168 00
One cook, at \$14 (steward)	168 00
Two kitchen helpers, one at \$12, one at \$20	360 00
Two dining-room girls, at \$13	312 00

Investigation of Commission and State Hospitals.

	Per year.
Four chambermaids, two at \$13, one at \$14, one at \$17..	\$684 00
One coachman, at \$30*.....	360 00
One stableman, at \$18.....	216 00
	<hr/>
	\$2,568 00
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St. Lawrence.

One cook, at \$14*.....	\$168 00
One chambermaid, at \$12*.....	144 00
One cook, at \$12 (steward).....	144 00
One general worker, at \$10.....	120 00
One cook, at \$18.....	216 00
Two dining-room girls, at \$12.....	288 00
One general domestic, at \$10.....	120 00
One chambermaid, at \$12.....	144 00
One housekeeper, at \$35.....	420 00
	<hr/>
	\$1,764 00
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(5) PERSONS NOT ON PAY-ROLL RECEIVING FULL OR PARTIAL BOARD OR ALLOWANCE.

The following statement shows that seventy-seven persons, outside of officers and employes who receive compensation, are maintained with board, room, heat, light and fuel, either as members of officers' families, or employes' families. In some instances certain persons are reported as being employed and receiving maintenance without compensation. Assistant physicians are generally allowed, by resolution of the board of managers, to marry and to maintain their families and servants, with apartments for the same.

Utica.

Superintendent, wife and four children.....	5
First assistant physician, wife and two children.....	3
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	8
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Investigation of Commission and State Hospitals.

Willard.

First assistant physician, wife.....	1
Steward, wife and two children.....	3
	<hr/>
	4
	<hr/>

Hudson River.

Superintendent, wife and child.....	2
First assistant physician, wife.....	1
Second assistant physician, wife and two children.....	3
Steward, wife	1
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	7
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Middletown.

Superintendent, wife and sister-in-law.....	2
First assistant physician, wife and daughter.....	2
Second assistant physician, wife and two sons.....	3
Third assistant physician, wife and two daughters.....	3
Fourth assistant physician, wife and two daughters.....	3
Housekeeper, daughter.....	1
Supervisor's assistant.....	1
Third assistant physician, nurse girl.....	1
Three laundrymen.....	3
General worker.....	1
Housekeeper, nurses' home.....	1
Housekeeper, nurses' home, son.....	1
Supervisor's son.....	1
One woman.....	1
Engineer, wife, daughter and son*.....	3
	<hr/>
	27
	<hr/>

Buffalo.

None.

Investigation of Commission and State Hospitals.

Binghamton.

First assistant physician, wife and daughter.....	2
Steward, wife and two sons.....	3
Engineer (resides on premises, without board), wife and three children.....	4
Farmer (resides on premises, meat and vegetables supplied), wife and two children.....	3
Gardener (resides on premises, vegetables supplied), wife and daughter.....	2
Supervisor's child.....	1
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	15
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St. Lawrence.

Superintendent, wife and two daughters.....	3
First assistant physician, wife and infants.....	3
Second assistant physician, wife and infant.....	2
Third assistant physician, wife and infant.....	2
Steward, wife and daughter.....	2
	<hr/>
	12
	<hr/> <hr/>

Rochester.

Superintendent, wife and son.....	2
First assistant physician, wife.....	1
Second assistant physician, wife.....	1
	<hr/>
	4
	<hr/> <hr/>
Grand total.....	77
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(6) BUILDINGS OR APARTMENTS OCCUPIED BY OFFICERS OR EMPLOYEES.

As above stated, it is difficult to give the cost of the apartments or houses occupied by the various officers, or those portions occupied by them, for the reason that they have been erected partly from special appropriations, partly from the maintenance fund,

Investigation of Commission and State Hospitals.

partly by patients' labor, and from building materials on hand for other purposes. Then, too, they have been added to and improved and enlarged from time to time. There are no reports or documents at hand or immediately available from which this information could be furnished. It may be added, however, that all of these houses have been built and are liberally furnished with all modern conveniences; that the cost of separate houses for the superintendents is in no instance less than \$12,000, including furniture, and from that sum up to \$20,000. If the space occupied in the so-called administration buildings by superintendents and officers was allotted a value on the basis of the cost of the building in each instance, the rental value herein assigned would be found to be exceedingly moderate. The following figures are merely estimates from the best evidence obtainable of the cost of the houses and apartments proper, exclusive of furniture.

Willard.

	Est'd value.
Superintendent, furnished house.....	\$15,000
Steward, furnished house.....	5,000

Middletown.

Superintendent, furnished house.....	\$15,000
Engineer, separate building.....	2,000

Binghamton.

First assistant physician, furnished house.....	\$6,000
Steward, furnished house.....	2,000
Engineer, house.....	1,500
Farmer, house.....	1,500
Gardener, house.....	1,000

St. Lawrence.

Superintendent, furnished house	\$20,000
Steward, furnished house.....	3,000

Investigation of Commission and State Hospitals.

Hudson River.

Assistant physician, furnished house.....	Est'd value. \$6,000
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(Estimate does not state whether first or second assistant physician occupies house.)

J. MULLIN,
D. E. AINSWORTH,
EPENETUS HOWE,
SAMUEL J. FOLEY.

Chapter 693.

An Act to appropriate money for the support of the insane, under the provisions of chapter one hundred and twenty-six of the laws of eighteen hundred and ninety, chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three and chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four.

BECAME a law May 15, 1895, with the approval of the Governor. Passed by a two-thirds vote.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. There shall be imposed for the fiscal year beginning on the first day of October, eighteen hundred and ninety-five, a tax of one mill on each dollar of real and personal property of the state, to be assessed, levied and collected by the annual assessment and collection of taxes of that year and paid by the several county treasurers into the treasury of this state, to be held by the treasurer for the following purposes: For the state commission in lunacy; for the maintenance of the state hospitals, including the payment of officers' salaries and employes' wages, which salaries and wages shall be uniform for similar grades of officers and employes in all the state hospitals, and which shall be classified and determined by the state commission in lunacy, subject to the approval in writing of the gov-

Investigation of Commission and State Hospitals.

ernor, comptroller and secretary of state; for the purchase of such supplies as may be required for the proper care and treatment of patients, including medicines, medical and surgical appliances, clothing, food, fuel and lights, and for the general maintenance of patients, but contracts subject to the approval of the commission shall be entered into by representatives of the managers of the state hospitals jointly for such principal articles of supply as it may be found by the commission to be feasible to purchase; provided, however, that the food supplies allowed to officers and employes shall be drawn from the ordinary supplies provided for the general use of the hospitals; and provided, further, that no expenditure shall be made from the contingent fund provided by section three of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three, except in case of actual emergency, requiring immediate action and which can not be deferred without incurring loss or danger to the state hospitals or the inmates thereof; for repairs, renewals, betterments of buildings, equipments, fixtures, furniture and stock; also for such additional accommodations in state hospitals in actual operation as may be needed to provide for the annual increase in the number of dependent insane in the state hospitals during the fiscal year ending September thirtieth, eighteen hundred and ninety-six; but no patient shall be permitted to occupy more than one room in any ward or building used or occupied by patients of the state hospitals, nor shall any patient, his friends or relatives, be permitted to pay a greater sum than ten dollars per week for his care and treatment in any of the state hospitals; for printing blank forms which shall be uniform in all of the state hospitals, and for binding and stationery, all of which shall be furnished under forms approved by the commission, under and by virtue of contracts entered into by the state for printing and binding; for such additional services and other incidental expenses as may be necessary to effectually secure reimbursement from relatives who may be liable for the support of patients or from their friends who may be willing to assume the cost of support of such patients; for the

Investigation of Commission and State Hospitals.

removal of nonresident or alien lunatics who may be inmates of state hospitals, or otherwise, who are not properly chargeable to the state; for pathological research and for necessary expenses in establishing and maintaining a pathological laboratory for the benefit of the state hospitals, including the Matteawan State Hospital for Insane Criminals; for transportation of patients from their homes or elsewhere to state hospitals. The sum of four million two hundred thousand dollars, being on account of the tax to be levied by this act, is hereby appropriated for the foregoing purposes, to be expended under the provisions of chapter one hundred and twenty-six of the laws of eighteen hundred and ninety, chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three and chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four, so far as such last-named chapter relates to the state hospitals for the insane. Of the sum hereby appropriated no money shall be paid out except under the provisions of the said acts. Such sum or sums as may be necessary to provide for additional accommodations for the insane and for other necessary buildings, repairs and improvements, not to exceed the sum of five hundred thousand dollars, shall be advanced by the treasurer on the warrant of the comptroller in anticipation of the collection of the tax above described and be immediately available for such purposes.

§ 2. This act shall take effect immediately.

CHAPTER 8.

DIETARY OF STATE HOSPITALS.

Among the most important elements in the care and treatment of the insane is a sufficient and properly varied dietary. It hardly need be said that, as a rule, the insane are suffering from malnutrition, and, therefore, the first consideration should be given to the kind and variety of food and to the quantity of such food which will help to restore the physical system to as nearly a normal condition as possible. At the same time care must be had, in view of the large numbers to be provided for, that the food supplies be not allowed in excessive quantities. Upon the taking effect of the law establishing the estimate system, October 1, 1893, the commission secured the co-operation of Dr. Austin Flint, a physiologist of high repute, who prepared a schedule of staple articles of food supply with reference to the per diem allowance of each article. At the end of the first fiscal year the schedule was modified to some extent as to quantities, in deference to suggestions made by the superintendents in response to inquiries made of them by the commission. That the schedule in its revised form is now generally regarded by the hospitals as satisfactory is shown by the official statements of superintendents, a transcript of which is on file in the office of the commission.

This schedule was necessarily, to some extent, experimental, and was designed to serve as a basis for the hospitals in estimating for such supplies as it covered, as well as to guide the commission in its revision of such estimates. As just remarked, it included only staple articles, such as all the hospitals were using, and had no reference to various other articles of diet which are regularly called for and allowed in the monthly estimates. Neither was it intended to deprive the medical officers of the hos-

Dietary of State Hospitals.

pitals of discretionary action in prescribing "extra" or "special" diet for sick and feeble patients. It has also been the aim of the commission, within the limit allowed by the funds at its command, to encourage the purchase of a better quality of food supplies generally, and to this end its practice has been to insist upon a higher grade of such supplies whenever the grades called for have seemed to be below the standard, especially as regards beef, butter, flour, tea, coffee, sugar, etc.

Next and of equal importance is that food supplies should be properly cooked and served. Considerable difficulty has been experienced in securing properly trained cooks. Experience has demonstrated that the high-priced hotel chef is not well fitted to direct the preparation of food in State hospitals. It has been suggested that the problem might be solved by employing graduates of cooking schools, and while this might naturally be regarded as a feasible way out of the difficulty, there does not yet appear to be any unanimity of opinion upon the subject. The question is a large one, since both the comfort and the curative treatment of the insane are directly involved in its solution. Especially has this been found to be important in the matter of butter. Nothing which relates to the dietary causes so much dissatisfaction in a hospital for the insane as the use of butter of inferior quality. Numerous complaints on this head, which were confirmed by its own observations, having been made, the commission suggested that the use of dairy butter be discontinued, and that a high grade of creamery butter be substituted therefor on the ground that the butter would not only be much more satisfactory to the consumers, but ultimately more economical. A superior grade of creamery butter is now supplied throughout the State hospitals; indeed, the commission refuses to approve estimates for any grade of butter which is not of the standard prescribed. A similar rule has been adopted in regard to the quality of beef and flour. One difficulty in this matter has been the idea, reflected through members of the Legislature, representing certain of the hospital districts,, that merchants and farmers in the

Dietary of State Hospitals.

locality of a State hospital should have preference in the furnishing of supplies. This, doubtless, was the reason that dairy butter was formerly used, as also that an inferior grade of beef was purchased, and, in the case of one hospital, that flour was made from wheat grown and milled in the locality. But in this, as in other matters, the commission holds that the interest of the State as a whole should be conserved rather than that of a comparatively few people who happen to reside near the hospitals. It should be said that this view is in accord with that held by the hospital superintendents as shown by the following resolutions adopted by them and approved by the commission:

Resolved, That contracts should expire on September 30, at the close of each fiscal year; that a uniform blank proposal be adopted calling for pounds or less of a good merchantable quality of well-fatted steer beef, weighing 600 pounds or over, and free from bruises, in the proportion of three fore quarters to two hind quarters, one liver to be furnished free with each carcass; all to be delivered at the hospital as directed, subject to examination and rejection by the steward or superintendent, if the quality is not satisfactory.

Resolved, That the State hospitals use a quality of flour known as A 1 patent spring wheat, at a cost not to exceed four dollars per barrel.

Resolved, That until such time as contracts can be made with State creameries for future supply of butter that the hospitals be authorized to make contracts for State creamery or Elgin creamery No. 1, and this resolution shall be deemed to exclude the purchase of dairy butter for hospital use.

CHAPTER 9.

OFFICERS' TABLE SUPPLIES.

The marked disparity, as regards quality, quantity and variety, in the food supplies furnished to resident officers of the hospitals and those furnished to patients has frequently been a subject of public criticism as well as a source of dissatisfaction and complaint on the part of patients and their friends. It was justly said that the practice which prevailed for many years of supplying the officers' tables with food of the best quality, including delicacies and even expensive luxuries, while the patients generally received food of inferior quality and far less variety, was inconsistent with the contention of these officers that the institutions were conducted on a hospital basis and that the inmates thereof were sick people, and hence entitled to everything in the way of food, etc., which their impaired condition demanded, in order to restore them to health and vigor; and certainly it could not reasonably be maintained that food which was not good enough for well people, whether officers or employes, was suitable for sick and feeble patients. It should be said that the purchase of what was known as "officers' supplies" varied greatly in the different hospitals, according to the individual tastes and inclinations of superintendents. In justice to the present superintendents it should be said that this practice had been one of gradual development which had the sanction of precedent and approval of the managers and might be said to have been inherent in the then methods of expenditure. The Legislature, recognizing the impropriety, if not injustice, of this practice, when the matter was brought to its notice, provided (chapter 693, Laws of 1895) that where food supplies are allowed to resident officers and their families, "such supplies shall be drawn from the supplies provided

Officers' Table Supplies.

for the general use of the hospital." So that, it may now be said, that the quality and variety of food supplies furnished to patients are precisely the same as those allowed to officers and employes. This, the commission believes, is eminently wise and proper, especially in view of the fact that the grades and quality of supplies in all essential particulars have been raised to a standard that is as good as could be reasonably demanded at the expense of the State. Moreover, the fact that officers' table supplies are drawn from those provided for the general use of the hospital, furnishes a constant incentive to the officers to procure the very best quality of supplies which the prescribed limits of cost allow. The commission believes it has already been demonstrated that the law which limits officers as to the use of hospital supplies to those purchased for general use is fair and reasonable; in fact, it is freely admitted by some of the superintendents that the present method is preferable, since now they can not be charged with extravagance in the purchase, at the State's expense, of what was formerly known as officers' supplies. In view of the material increase in salary which a large majority of the officers will receive under the new schedule, they can well afford to provide at their own expense any additional table supplies in the way of luxuries which their individual tastes may lead them to desire.

CHAPTER 10.

PURCHASE OF SUPPLIES.

One of the misconceptions which has existed in certain quarters since the estimate system began, is that the commission purchases, either directly or indirectly, supplies for the use of the State hospitals. Nothing can be further from the truth and, in making this emphatic denial, the commission takes occasion to say that the exercise of such a power by it would be most undesirable. Under the statute the commission is authorized to revise the estimates sent to it from the hospitals for supplies of all kinds and for repairs, etc., and in that way it can and does regulate the quantity, quality and cost of supplies, as well as of materials and labor, but not a dollar's worth of any article consumed or used at the hospitals is purchased by the commission. That such a misapprehension should continue to exist, even to this day is the more remarkable because the Legislature of 1894, early in the operation of the estimate system, passed a resolution requiring the commission to transmit to it all the correspondence bearing on this matter, from the time when the law took effect to the date of the resolution. (See Assembly Document, No. 87, Legislative Documents, 1894.) The publication of this correspondence satisfied the legislature that there was no truth whatever in the allegations which had been made. Questions respecting grades or qualities of supplies of various kinds are usually determined by vote of the superintendents at the conferences between them and the commission, pursuant to section 2 of chapter 214, Laws of 1893, which reads:

§ 2. The medical superintendent of each of the State hospitals shall, on or before the fifteenth day of each month, cause to be prepared by the steward thereof, duplicate estimates in minute detail

Purchase of Supplies.

of the expenses required for the hospital of which he is such superintendent, countersign and submit one of such duplicates to the State Commission in Lunacy, and retain the other. The State Commission in Lunacy may revise said estimate either as to quantity of supplies or estimated cost thereof, and certify that it has carefully examined the same and that the articles contained in said estimate as revised by it are actually required for the use of the hospital, and shall thereupon present the said estimate and certificate to the Comptroller. After the estimate has been approved or revised by the commission, the Comptroller shall authorize the board of managers to make drafts on the Comptroller as the money may be required for the purposes mentioned in the first section, which drafts shall be paid on the warrant of the Comptroller. * * * * The superintendents of each of the said institutions, or their representatives, shall meet at least once in every month at a day to be appointed by the Commission in Lunacy, at the office of the commission at Albany, to consult with said commission with reference to matters relating to the care and maintenance of the State hospitals, and particularly with reference to the purchase of supplies for the use of said hospitals. And where, in the judgment of the board of any State hospital, questions have arisen requiring special examinations, some member of said board may be designated by it to attend said meeting.

Under the operation of this law the superintendents, subject to approval by the commission, agree by vote upon certain grades of food supplies. In order that justice may be done to the several hospitals it is clearly necessary that a certain basis of common action shall be adopted, or else it would be impossible to adjust prices with any degree of accuracy or fairness. The estimate system practically confines purchases within the limits of the estimates, as revised by the commission, and prevents the purchase of other or different supplies than those prescribed, the commission being required to report to the Comptroller any discrepancies between the prices allowed in the estimates and those paid therefor. For example, if an estimate were made

Purchase of Supplies.

for 200 yards of Brussels carpet at one dollar per yard, it would be improper to allow the purchase of 100 yards at two dollars or of fifty yards at four dollars per yard. There was some misunderstanding and difficulty upon this point at the beginning, some of the hospitals seeming to suppose that any purchase would be justifiable so long as they kept within the gross sum allowed. But the trouble from this source ceased as soon as the principle underlying the rules came to be understood. In the matter of food supplies this is especially important. Thus, if the estimate calls for native steer beef of a certain weight and grade, at a certain price, it would obviously be unjust to the patients to purchase inferior beef at the price allowed, or even at a lower one. To guard against this the commission requires that the estimate shall specify the grade and quality of the article to be furnished, and inasmuch as the stewards are required to make oath that the supplies were purchased as allowed, it would be difficult to evade the provisions of the statute short of downright dishonesty. Certainly the commission can have no concern in the question where or of whom supplies are purchased. Its duty is to see that the prices paid are as nearly as practicable those which are allowed in the estimates, and which are governed by those prevailing in the open markets. It does not follow that purchases will always be made to the full extent allowed by the estimates; in fact, actual experience shows that supplies are often purchased at lower rates and in less quantities than those allowed in the estimates.

CHAPTER 11.

Officers' Salaries and Employees' Wages.

Among the earliest recommendations of the commission was one that a uniform schedule of officers' salaries and employees wages be adopted. In the absence of statutory law, however, it proved impossible to carry out this idea. The necessity for a reform in this matter became apparent when the hospitals came to be operated not separately as before, but with reference to the interest of the State in the system as an entirety; for it was found that officers and employees in hospitals paying a comparatively low rate of wages frequently sought transfer to other hospitals in order to obtain the higher rate of compensation paid by the latter. As a result of a legislative investigation of the commission and the State hospitals in 1895 the Legislature of that year provided that officers' salaries and employees' wages should be made uniform for similar grades of services, the rates of compensation to be fixed by the commission, subject to approval of the Governor, Comptroller and Secretary of State. Marked disparities existing in the salaries and wages previously paid by the hospitals, the work of preparing uniform schedules was one of great magnitude inasmuch as it involved a reclassification of the entire service. In determining the matter the commission aimed to make the adjustment of salaries and wages both equitable in itself and conformable as far as it could properly be done to existing rates and conditions, and while it became necessary to reduce the rates of compensation in a few instances in which they were admittedly too high, it may be said that in a large majority of instances the rates of compensation, especially those of medical officers, were materially increased and that the schedules as finally adopted are most liberal. This is especially true in respect to the salaries

Officers' Salaries and Employees' Wages.

and allowances of medical officers which are more than double those paid in many of the other States, notably Massachusetts and Ohio.

As to the wages of employees, while the statute did not require this to be done, the commission requested the conference of superintendents to appoint a committee of three of its members to assist in the preparation of the new schedule. The committee selected for this important service consisted of the superintendents of the Buffalo, St. Lawrence and Hudson River hospitals.

Acting in conjunction with the commission, this committee labored faithfully and zealously to arrive at a reasonably fair and just solution of the various difficult questions which came up. Diligent study was given to the facts presented, showing wages paid to the different employees in all of the State hospitals, and using its best intelligence and knowledge, the joint body tried earnestly to attain a result, which, barring inevitable inequalities, could be regarded as sufficiently covering the whole ground of the object which the statute aims to accomplish. In the case of some employees wages were necessarily reduced, while in others they were largely increased. This was particularly the case at the Willard State Hospital, where the average rate of wages paid to nurses and attendants, many of whom had faithfully served the State for years, was but little if any higher than that paid to household servants. As finally adopted the schedule went into effect on January 1, 1896. It was found impossible to complete all the work required in time to put it in operation at the close of the fiscal year covered by this report. While it may become necessary to modify the schedule in some minor particulars, it is believed that on the whole it will prove satisfactory and certainly it will remove one great source of dissatisfaction and complaint.

The schedules which went into effect January 1, 1896, are herewith inserted in full. Reports in writing from the various superintendents as to modifications which may be necessary have been requested, and the commission is prepared to adopt and embody

Officers' Salaries and Employees' Wages.

in a revision of the schedules, such modifications as may be found to be desirable.

(Form 393.)

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 24th day of December, 1895.

Present — Carlos F. MacDonald, president; Goodwin Brown, Henry A. Reeves, commissioners.

WHEREAS, Chapter 693 of the Laws of 1895 provides, among other things, that “salaries and wages shall be uniform for similar grades of officers and employees in all the State hospitals, and which shall be classified and determined by the State Commission in Lunacy, subject to the approval in writing of the Governor, Comptroller and Secretary of State;” and

WHEREAS, The commission has adopted a schedule of uniform salaries which, upon submission to the State officers aforesaid, was approved by His Excellency Levi P. Morton, Governor; the Honorable James A. Roberts, Comptroller; and the Honorable John Palmer, Secretary of State; now, therefore, it is hereby

ORDERED, That in State hospitals there shall be in effect on and after January 1, 1896, the following

SCHEDULE OF OFFICERS' SALARIES :**GENERAL RULES.****MAINTENANCE OF OFFICERS' FAMILIES.**

1. On and after January 1, 1896, general superintendents, medical superintendents, first assistant physicians, and stewards in State hospitals only, may be allowed maintenance for their families; but this shall not be construed as applying to assistant physicians below the rank of first assistant physicians, who were at the time of the adoption of this schedule receiving maintenance for their families.

Officers' Salaries and Employees' Wages.

MATRONS.

2. In future appointments in State hospitals, matrons shall be graduates of a State or general hospital training school.

The foregoing rules were adopted at a conference of superintendents of State hospitals with the commission, held pursuant to the provisions of section 2 of chapter 214 of the Laws of 1893.

DEFINITION OF "FAMILY."

3. The term "family" shall be construed to include only wives and minor children.

INCREASE OF SALARIES.

4. Increase of salaries of resident officers in all cases shall begin on the first day of the calendar month next ensuing after the expiration of one year from the date of appointment to such office in a State hospital.

NUMBER OF RESIDENT OFFICERS.

5. The number of resident officers of a hospital below the grade of medical superintendent may be increased subject to the approval of the commission, unless otherwise provided by statute.

PROMOTIONS.

6. Promotions of assistant physicians to the grade of second assistant physician, also promotions of junior physicians to the grade of assistant physician, may be made upon the ground of fitness and merit, irrespective of length of service.

RESIDENT OFFICERS.

Resident officers of State hospitals shall be classified as follows:

1. General superintendents.
2. Medical superintendents.
3. First assistant physicians.
4. Second assistant physicians.
5. Assistant physicians.
6. Junior physicians.

Officers' Salaries and Employees' Wages.

7. Women physicians.
8. Stewards.
9. Matrons.

MEDICAL STAFF.

The medical staff below the grade of general superintendent and medical superintendent in each State hospital shall be classified as follows:

1. First assistant physician.
2. Second assistant physician.
3. Assistant physicians.
4. Junior physicians.
5. The woman physician.

Physicians other than the woman physician shall enter the service as junior physicians.

SALARIES.

1.

GENERAL SUPERINTENDENTS.

General superintendents shall receive from \$4,000 to \$5,000 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

2.

MEDICAL SUPERINTENDENTS.

Medical superintendents shall receive from \$3,500 to \$4,500 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

3.

MEDICAL SUPERINTENDENTS IN HOSPITALS HAVING A GENERAL SUPERINTENDENT.

Medical superintendents in hospitals having a general superintendent shall receive from \$2,500 to \$3,000 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

Officers' Salaries and Employees' Wages.

ASSISTANT PHYSICIANS.

1.

FIRST ASSISTANT PHYSICIANS.

First assistant physicians shall receive from \$2,000 to \$2,500 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

2.

SECOND ASSISTANT PHYSICIANS.

Second assistant physicians shall receive from \$1,500 to \$2,000 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

3.

ASSISTANT PHYSICIANS.

Assistant physicians shall receive from \$1,200 to \$1,500 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

4.

JUNIOR PHYSICIANS.

Junior physicians shall receive from \$900 to \$1,200 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

5.

WOMEN PHYSICIANS.

Women physicians shall receive from \$1,000 to \$1,500 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

6.

STEWARDS.

Stewards shall receive from \$1,500 to \$2,000 per annum, with an increase from minimum to maximum at the rate of \$100 at the end of each year of continuous service.

Officers' Salaries and Employees' Wages.

7.

MATRONS.

Matrons shall receive from \$40 to \$50 per month, with an increase from minimum to maximum at the rate of \$2 per month at the end of each year of continuous service.

Matrons who are graduates of a training school, whether of a State hospital or a general hospital, shall receive \$10 per month additional.

NON-RESIDENT OFFICERS.

TREASURER.

Treasurers shall receive \$1,500 per annum in lieu of all services for clerk hire or office rent, other than that furnished at the hospital, and the records of the treasurer shall be kept at the hospital.

By the commission.

T. E. MCGARR,
Secretary.

[L. S.]

Approved at the Capitol, in the city of Albany, this 24th day of December, 1895, by

LEVI P. MORTON,
Governor.

JAMES A. ROBERTS,
Comptroller.

JOHN PALMER,
Secretary of State.

(Form 394.)

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 24th day of December, 1895.

Present — Carlos F. MacDonald, president; Goodwin Brown, Henry A. Reeves, commissioners.

WHEREAS, Chapter 693 of the Laws of 1895 provides, among other things, that “salaries and wages shall be uniform for similar

Officers' Salaries and Employees' Wages.

grades of officers and employees in all the State hospitals, and which shall be classified and determined by the State Commission in Lunacy, subject to the approval in writing of the Governor, Comptroller and Secretary of State;" and

WHEREAS, After consultation with a committee of superintendents of the State hospitals, appointed under a resolution adopted at a conference of superintendents with the commission held pursuant to section 2 of chapter 214 of the Laws of 1893, on the 26th day of September, 1895, the commission, with the unanimous concurrence of said committee, adopted a schedule of uniform wages, which, upon submission to the State officers aforesaid, was approved by His Excellency Levi P. Morton, Governor; the Honorable James A. Roberts, Comptroller; and the Honorable John Palmer, Secretary of State; now, therefore, it is hereby

ORDERED, That in the State hospitals there shall be in effect on and after January 1, 1896, the following

SCHEDULE OF EMPLOYEES' WAGES:**GENERAL RULES.**

The following rules, affecting, directly or indirectly, the wages of employees, adopted at a conference of superintendents of State hospitals with the commission, pursuant to the provisions of section 2 of chapter 214 of the Laws of 1893, are inserted for the information and guidance of officers and employees:

I.**VACATIONS AND ABSENCE FROM DUTY.**

Employees of State hospitals, for convenience in the application of rules relative to vacations and absence from duty, shall be divided into four classes, as follows:

1. Employees engaged in the immediate care of patients, whose service is substantially continuous.
2. Other employees, not directly engaged in the care of patients, but whose duties cover all the days of the week; also employees

Officers' Salaries and Employees' Wages.

engaged in clerical services requiring close attention and intense application.

3. Employees who are regularly in the service of the hospital, who live in the institution, but are not on duty evenings or Sundays.

4. Skilled artisans and those whose hours of labor are well defined, who are paid on account of their skill the commercial rate of wages, and who are not engaged evenings or Sundays.

The first class shall be entitled to an annual vacation of fourteen days; to each fourteenth day after the morning's work is performed, or its equivalent, and to each third Sunday, with full pay during such absence.

The second class shall be granted fourteen days annual vacation and each alternate Sunday after morning's work, with full pay during such absence.

The third class shall be entitled to one week's annual vacation, with full pay during such absence.

The fourth class shall not be entitled to a vacation. If the employees of this class are called upon to perform duties during unusual hours or upon Sunday, they may be allowed the equivalent of such time from their regular hours.

Employees who are off duty as the result of sickness shall not be entitled to compensation for the time thus lost.

II.**COMMUTATION FOR BOARD AND LODGING.**

No employee shall be allowed to board or lodge away from the hospital, except by special permission of the superintendent in each case, subject to the approval of the commission.

When employees are allowed to board and lodge away from the hospital, a uniform rate of ten dollars per month shall be allowed in addition to the regular monthly wages, and this amount shall be apportioned at the rate of two dollars and fifty cents per month for each meal, and two dollars and fifty cents per month for lodging.

Officers' Salaries and Employees' Wages.

III.

LAUNDRY ALLOWANCE.

Employees residing within the hospital shall be entitled to the number of pieces provided in the laundry schedule, adopted at a conference of superintendents with the commission October 24, 1895. Employees lodging away from the hospital shall not be entitled to the use of the laundry.

IV.

SUPPLIES FOR MEMBERS OF EMPLOYEES' FAMILIES.

No employee shall be entitled to the use, for members of his family, of any portion of the supplies or products of the hospital, without payment therefor at a rate to be determined by the superintendent, subject to the approval of the commission.

V.

GRADUATES OF TRAINING SCHOOLS.

No graduate of a training school and no employee who has taken a full two years' course in a State hospital training school shall be entitled to the increased compensation herein provided for chief supervisors and nurses until after passing an examination, to be held and conducted by a board of State hospital examiners, appointed at a conference of superintendents with the commission.

VI.

PROBATIONARY SERVICE.

The probationary term of service of attendants, or other employees who may be employed for a probationary term, shall be understood as applying only to those newly appointed, and the term of such service shall not exceed a period of two months. The compensation for probationary service shall be at the minimum rate established for that grade of service, and this probationary period shall not extend beyond the full calendar month next following the date of employment, in order that the date of permanent employment shall begin on the first day of the month.

Officers' Salaries and Employees' Wages.

VII.

DATE OF EMPLOYMENT.

In applying the rule relative to increase of wages by reason of length of service, the date of employment shall be construed as beginning on the first day of the calendar month following the date of actual employment, unless such employment shall have actually begun on the first day of the month. This rule is not to be construed as depriving an employee of compensation for the days of actual service rendered prior to the first day of such month.

VIII.

TRANSFER, RE-EMPLOYMENT AND DISCHARGE OF EMPLOYEES.

Transfers of employees from one State hospital to another shall be made only upon the written consent of the superintendents of the hospitals from and to which such transfer is proposed to be made, and in such case the service shall be regarded as continuous. Employees leaving the service and subsequently obtaining employment therein shall be regarded and classified as new employees. No employee who has been discharged from a State hospital shall be employed in another hospital without the approval, in writing, of the superintendent of the hospital from which such employee was discharged.

IX.

INCREASE OF WAGES.

In the classification and assignment of existing employees in conformity with this schedule the rate of wages, in any grade in which an increase of wages is provided, shall be determined, in each case, by the length of service in that particular grade; the commencement of such service to date from the first of the month next ensuing after appointment or promotion to such grade.

X.

NUMBER OF EMPLOYEES.

The number of employees in each grade shall be determined by the superintendent, subject to the approval of the commission.

Officers' Salaries and Employees' Wages.

SCHEDULE OF WAGES.

1.

ADMINISTRATION DEPARTMENT.

The administration department shall be classified as follows:

1. Medical internes.
2. Apothecaries.
3. Stenographer.
4. Watchmen.
5. Policemen.
6. Barbers.
7. Coachman.
8. Drivers.

Wages.

	Per month.
1. Medical internes.....	\$50
2. Apothecaries	40 -- 50
3. Stenographer	40 -- 50
4. Watchmen	35
5. Policemen	35
6. Barbers	30 -- 40
7. Coachman	40 -- 45
8. Drivers	25

Increase of wages from minimum to maximum, so far as applicable to the foregoing list, shall be made at the rate of two dollars per month at the end of each year of continuous service.

Where necessary, attendants may be detailed to perform the duties of

Porters,

Office attendants,

Ushers,

Door attendants and such other duties as are not specified.

Barbers, where deemed advisable, may be paid by piece work at a rate to be agreed upon, subject to the approval of the commission.

Officers' Salaries and Employees' Wages.

Where necessary, attendants may be detailed to assist in barbers' work.

2.

FINANCIAL DEPARTMENT.

The financial department shall include the steward's and treasurer's departments, and the records of both departments shall be kept at the hospital.

Wages.

	Per month.
Bookkeeper	\$70--\$80
Accountant	60 -- 70
Voucher and treasurer's clerk.....	40 -- 50
Storekeeper	40 -- 50
Stenographer	40 -- 50

The increase of wages from the minimum to the maximum in each case shall be at the rate of two dollars per month at the end of each year of continuous service.

Additional services in the storekeeper's department, when necessary, may be provided from the grade of attendants.

3.

SUPERVISORS.

There shall be two grades of supervisors, as follows:

1. Chief supervisors.
2. Supervisors.

Wages.

Chief supervisors.	Per month.
Men	\$40--\$50
Women	35 -- 45

Chief supervisors shall be graduates of training schools. Increase of pay from minimum to maximum shall be at the rate of one dollar per month at the end of each six months of continuous service in that grade.

Officers' Salaries and Employees' Wages.

Supervisors.		Wages.	Per month.
Men		\$35-\$45
Women		30 - 40

Increase of pay from minimum to maximum shall be at the rate of one dollar per month at the end of each six months of continuous service in that grade.

4.

NURSES AND ATTENDANTS.

Nurses and attendants shall be graded as follows:

1. Charge nurses.
2. Nurses.
3. Night charge nurses.
4. Night nurses.
5. Charge attendants.
6. Attendants.
7. Night charge attendants.
8. Night attendants.
9. Special attendants.
10. Dining-room attendants.
11. Ward helpers.

All grades of attendants, except special attendants and dining-room attendants, shall be divided into two classes, namely, graduates and nongraduates.

All graduates of training schools, certified as such by the board of examiners to be hereafter appointed, shall be designated as "nurses," whether men or women, and all other employees engaged in the care of patients shall be designated as "attendants."

Women nurses or attendants who are employed on the wards of men patients, and whose duties are similar to those of men attendants or nurses, shall receive the same compensation as men nurses or attendants of similar grade.

Officers' Salaries and Employees' Wages.

The designation "special attendant" shall apply only to attendants who are competent to perform skilled labor, and who are actually engaged in such capacity.

The designation "charge attendant," shall apply only to attendants who are actually in charge of wards.

WAGES OF NURSES AND ATTENDANTS.

	Per month.	
	Men.	Women.
1. Charge nurses.....	\$28--\$33	\$23--\$28
2. Nurses.....	25 -- 30	20 -- 25
3. Night charge nurses.....	29 -- 34	24 -- 29
4. Night nurses.....	26 -- 31	21 -- 26
5. Charge attendants.....	25 -- 30	20 -- 25
6. Attendants.....	20 -- 24	14 -- 18
7. Night charge attendants....	26 -- 31	21 -- 26
8. Night attendants.....	21 -- 25	15 -- 19
9. Special attendants.....	30 -- 35	25 -- 30
10. Dining-room attendants....	.....	13 -- 16
11. Ward helpers.....	.....	12

The increase of wages from the minimum to the maximum, in all cases, shall be at the rate of one dollar per month at the end of each year of continuous service, except that ordinary attendants shall receive an increase at the end of each six months' continuous service.

In case a day nurse or attendant of any grade is transferred to night service of similar grade, the minimum rate of wages shall be equal to that which such nurse or attendant was receiving at the time of such transfer.

5.

DOMESTIC SERVICE.

Wages.

	Per month.
Housekeepers	\$25--\$30
Waitresses and chambermaids.....	13 -- 16

Officers' Salaries and Employees' Wages.

Increase of wages from minimum to maximum shall be at the rate of one dollar per month at the end of each year of continuous service.

6.

KITCHEN SERVICE.

The service shall be divided into five grades as follows:

1. Chefs.
2. Head cooks.
3. Cooks.
4. Assistant cooks.
5. Kitchen helpers.

The chef must possess the qualifications which are understood to apply to that term, and shall have, under direction of the superintendent, a general supervision of all kitchens and kitchen employees, and, in addition to his other duties, shall instruct the other cooks and members of the training school in the art of cooking.

The designation "head cook" shall apply to employees in charge of the main kitchens.

The designation "cook" shall apply to employees in charge of the smaller kitchens.

	<i>Wages.</i>	
	Men.	Per month. Women.
Chefs	\$75	.....
Head cooks	40	\$40
Cooks	25	25
Assistant cooks	20	20
Kitchen helpers	18	14
	=====	=====

7.

BAKERY SERVICE.

	<i>Wages.</i>	
		Per month.
Bakers		\$50
Assistant bakers		25
		=====

Officers' Salaries and Employees' Wages.

8.

MEAT CUTTERS.

Wages.

	Per month.
Meat cutters.....	\$40

9.

LAUNDRY SERVICE.

The laundry service shall be classified as follows:

Laundry overseer.

Launderers.

Head laundress.

Laundresses.

Wages.

	Per month.
Laundry overseer	\$50
Launderers	25
Head laundress.....	25
Laundresses	15

10.

ENGINEER'S DEPARTMENT.

The engineer's department shall be classified as follows:

1. Steam and water plant.

2. Electrical department.

3. Plumbing and steam fitting.

The chief engineer shall have general supervision and direction, under the superintendent, of all employees and of all machinery and equipment of the engineer's department.

Wages.

	Per month.
Chief engineer.....	\$100
Engineer's assistants: 1st grade.....	60
2d grade.....	50
3d grade	40

Officers' Salaries and Employees' Wages.	
	Per month.
Electrical engineer.....	\$75
Electrical engineer's assistants: 1st grade..	60
2d grade...	50
3d grade...	40
Linemen	35
Plumbers and steamfitters.....	60
Plumbers' and steamfitters' helpers.....	21 -- 30

Plumbers' and steamfitters' helpers shall receive an increase from the minimum to the maximum at the rate of three dollars per month at the end of each year of continuous service.

	Per month.
Firemen, eight-hour shifts	\$30
Firemen, twelve-hour shifts	40

11.

BUILDING DEPARTMENT.

The Building Department shall be classified as follows:

1. Head carpenter.
2. Carpenters.
3. Masons.
4. Painter.
5. Tinsmith.
6. Blacksmith.

Where deemed advisable, instead of heads of the several divisions, there may be a master mechanic, who shall have general supervision over the entire building department.

Wages.	
	Per month.
Master mechanic	\$100
Head carpenter	60
Carpenters.....	50
Painter.	50
Blacksmiths.	50

Officers' Salaries and Employees' Wages.

Masons, tinsmiths and other mechanics not classified in this department, may be employed, when necessary, by the day, at a rate of compensation to be determined, subject to the approval of the commission. Where deemed advisable special attendants may be assigned to skilled labor in the building department.

12.

INDUSTRIAL DEPARTMENT.

The Industrial Department may include, where necessary, a shop foreman, tailor and a shoemaker.

<i>Wages.</i>	
	Per month.
Shop foreman	\$45
Tailor.....	40
Shoemaker.....	40
	<hr/> <hr/>

The following occupations may be provided for by detailing attendants or special attendants, for the particular service to be performed:

Bath-masters.
 Bath-mistresses.
 Broom maker.
 Brush maker.
 Clothing clerk.
 Dressmakers.
 Glazier.
 Mattress maker.
 Photographer.
 Seamstress.
 Soap maker.
 Stocking knitter.
 Tailoresses.
 Upholsterer.

Bath-masters and bath-mistresses shall be employed only where associate bath-houses are in operation.

Officers' Salaries and Employees' Wages.

13.

PRINTING AND BOOKBINDING DEPARTMENT.

There shall be one printing and bookbinding department which shall be located at the Utica State Hospital where all the printing, binding and other work which may properly be assigned to it shall be done for all the State hospitals. The employees of this department shall be classified as follows:

<i>Wages.</i>		
		Per month.
Foreman.		\$60
Printer.		50
Bookbinder.		50

An employee who, in addition to his other duties, performs the duty of proof-reader in the printing and bookbinding department, shall receive an additional compensation of twenty-five dollars per month.

The bookkeeper who keeps the accounts of the printing and bookbinding department shall receive an additional compensation of twenty dollars per month.

14.

FARM AND GROUNDS DEPARTMENT.

The farm and grounds department may include a head farmer, a dairyman, farmers, herdsman, gardeners, florists, teamsters and laborers.

<i>Wages.</i>		
		Per month.
Head farmer		\$45-\$50
Dairyman.		35- 40
Farmers.		25- 30
Herdsman.		25- 30
Gardeners.		35- 40
Florists.		40- 45
Teamsters.		20
Laborers.		20

Officers' Salaries and Employees' Wages.

Increase of wages, from minimum to maximum in the farm and grounds department, where provided for, shall be at the rate of one dollar per month at the end of each year of continuous service.

15.

RAILWAY DEPARTMENT.

Wages.

	Per month.
Engineer.	\$45 00
One fireman	18 00
One fireman	13 50
One conductor	18 00
One conductor	13 50
Trackman.	30 00

This shall apply only to the Willard State Hospital, where a steam railroad is operated as a branch of an established railway system.

This rate of wages, except for trackman, is fixed at one-half of the amount received by these employes, the other half being paid by the railway company operating the road, pursuant to contract.

16.

RELIGIOUS SERVICES.

The sum of ten dollars shall be allowed for each religious service held at a hospital. The total sum, however, to be expended in any one year for such purposes shall not exceed \$600 for each hospital, except in hospitals where the administration departments are so widely separated as to render additional services necessary.

The foregoing schedule is made sufficiently comprehensive to meet existing and widely differing conditions in the State hospitals. Many positions are provided which, obviously, it will not

Officers' Salaries and Employees' Wages.

be necessary to fill in some hospitals, and therefore it is not contemplated that each hospital shall necessarily fill all of the positions provided. Grades of employment other than those specified in the schedule shall not be established in any hospital, except under peculiarly urgent conditions, and the special approval of the commission in each instance.

By the commission.

[L. S.]

T. E. MCGARR,
Secretary.

Approved at the Capitol, in the city of Albany, this 24th day of December, 1895, by

LEVI P. MORTON,
Governor.

JAMES A. ROBERTS,
Comptroller.

JOHN PALMER,
Secretary of State.

CHAPTER 12.

Appointment of Officers and Employees.

The commission would recommend that the statutes be so amended as to provide for concentration of responsibility in the appointment and discharge of officers and employees. It believes that the power of the hospital managers should be limited to the appointment of a superintendent and treasurer, and that the appointment and discharge of all subordinate officers and employees should be vested solely in the superintendent. The superintendent is the responsible head of the hospital, and his authority should be commensurate with that responsibility. By giving them this power, superintendents would be spared much embarrassment from which they now suffer from lack of it. Superintendents not infrequently are debarred from making selections with reference to highest qualifications and the best interest of the hospital, because they fear that their nominations would be rejected by the board, or, at least, be displeasing to certain members thereof. Superintendents are also at times prevented from dismissing incompetent or unworthy subordinates, lest such action might be displeasing to some of their official superiors. The Legislature has recognized this principle in the organic acts of the four State hospitals last established, namely, Rochester, Collins, Long Island and Manhattan State hospitals. In the judgment of the commission this principle should be extended to the other hospitals. Division of responsibility in the power of appointments has always resulted disadvantageously to the service. In actual effect, as applied to every system of government, such division has been vicious and harmful. In the modern charters of cities concentrated responsibility is applied with the best results. Experience, notably in the case of the Kings County

Appointment of Officers and Employees.

Asylum under its old management, showed that the exercise by the charities commissioners of the power vested in them to confirm or reject the appointees of the general superintendent was productive of most disastrous results as regards its effects upon the discipline of these institutions. It frequently happened when a subordinate in that department was suspended by the superintendent the latter was practically himself put under investigation as to his official acts through the influence which the suspended employee or his friends would bring to bear upon the commissioners. Naturally, therefore, except in cases of most flagrant dereliction of duty the superintendent hesitated to recommend dismissal of an individual officer or employee. Instances elsewhere in the State are by no means rare in which unworthy hospital officers and employees have been retained in the service because superintendents were reluctant to ask for their removal for the reasons above stated. Oftentimes subordinates, while not guilty of flagrant wrongdoing or of any such misconduct as is susceptible of proof in court, are known by the superintendent to be incompetent for the work assigned them, and yet, if compelled to specify wherein the incompetency and unworthiness consisted and to prove the same, he would find it difficult to do so; and, in consequence, actually incompetent officers have sometimes been retained for years after they should have been displaced. If the change suggested is adopted, it will then be fully understood where the responsibility lies. If, on the other hand, a superintendent is incompetent for the proper management and conduct of a hospital, the trustees have ample authority to remove him, although it would be well if this power of removal were made more definite and precise than it now is in the charters of some of the State hospitals. In one notable instance recently the trustees for a long time were convinced of the superintendent's general inefficiency, but because of lack of express statutory power, they were reluctant to move for his removal on the ground that it would be difficult to establish the fact in a court of justice, where mere opinion is not accepted unless supported

Appointment of Officers and Employees.

by facts that show dereliction of duty or malfeasance. It should be said that the rules of the Civil Service Commission, as at present applied, have done much to remedy this state of things by preventing the entrance into State hospitals of improper or unworthy officers, especially those who, by lack of training, experience and education, are not qualified to perform the work they are required to do.

CHAPTER 13.

Actions at Law against Officers and Employees.

The commission would recommend that statutory provision be made to prevent actions against officers and employees, where the cause of action is alleged to have arisen while in the discharge of official duty, except with the consent of the Attorney-General or a justice of the Supreme Court. Several instances in the past have shown the necessity for such a statute. Oftentimes the acts of a superintendent are dependent upon doubtful provisions of law. He may act in entirely good faith, and yet do something which, in the judgment of the court, is not justified by law; evidently in such a case he should not incur the risk of a personal suit. If a hospital officer or employee is guilty of a criminal act he can be tried upon indictment. The upshot of civil damage actions in the past has been to subject the State to payment of costs incurred in the defense of these actions as well as of the nominal judgments obtained, while at the same time subjecting the officer against whom the action is taken to great annoyance and trouble. If the suggestion above made be complied with, it will be possible to investigate applications and to award moneys where they are due, either through the court of claims or on estimates submitted to the commission. It need hardly be said that the State, being sovereign, can not be sued, but individuals, officers of the State, have no such exemption. It is manifestly unjust that an officer or employee should be subjected to the annoyances and troubles of a suit, on account of acts done or omitted while in the discharge of his official duties. A most notable instance occurred in the case of a superintendent of a State hospital, who was sued for \$50,000, by reason of his overlooking the fact that a certificate of lunacy had not been approved

Actions at Law against Officers and Employees.

by a judge of the county wherein it was claimed that the patient resided, although at the time he supposed that the patient resided where the commitment was obtained. The resulting suit was long, expensive and tedious, and the superintendent was saved from a heavy judgment only by the fact that toward the end of the trial it was clearly shown that the plaintiff was insane, which led to the finding of a verdict of no cause of action. It was not claimed that the superintendent was acting outside the line of his duty. He had the right to assume that the commitment was regular, coming as it did from a judge of a court of record. He was, however, obliged to personally pay to private counsel nearly \$1,000, which the Legislature, as a matter of right and justice, subsequently reimbursed him for. In another instance, a night watchman of a State hospital, on a cold and stormy night, seeing a woman running from the grounds, naturally assumed that she was an escaping patient, overtook the woman, who could not speak English, and being unable to make herself understood, he very properly took her back to the hospital, where it was ascertained that she was not herself an inmate, but had been visiting a patient. She was promptly released, but this entirely innocent and, indeed, praiseworthy act on the part of the watchman, resulted in a suit for damages, with the concomitant of a body execution, which would have lodged the defendant in jail, if the claim for damages had not been paid.

CHAPTER 14.

JURISDICTION OVER IDIOTS.

Owing to the separation of jurisdiction over the insane from that of idiots, under the new constitution, which vests the jurisdiction of the former class in the commission and that of the latter in the State Board of Charities, several difficult and troublesome questions have arisen. It will not be held that the Legislature can authoritatively define or interpret a particular provision of the Constitution. That function belongs to the courts alone. Under both the legal and medical definitions of mental unsoundness idiots are included, yet the Constitution attempts to separate these classes. In no other State or country, so far as the commission is aware, is the jurisdiction over the insane divorced from that of idiots. So far as it is able to do so, the commission desires to give full force and effect to the requirements of the Constitution in this respect, but unfortunate differences of opinion between the commission and the State Board of Charities have led to much confusion and uncertainty. Under the old law, persons who were unquestionably idiots were admitted to the State hospitals when they came on certificates of insanity. The commission is now seeking to remove this objectionable class from the State hospitals, in accordance with the requirements of the new Constitution, which deprives it of jurisdiction over them. On the other hand, the State Board of Charities has taken the ground, and so notified the superintendents of the poor, that they must not receive idiots discharged from the State hospitals unless they are certified by the superintendent of the hospital to be not insane. Moreover, the Rome State Custodial Asylum, an institution established solely for this class, refuses to receive idiots discharged from State hospitals. Hence superin-

Jurisdiction over Idiots.

tendents of the poor are put to much annoyance and trouble in finding where to place such cases. The commission has taken steps to secure through the courts a judicial interpretation of the status of idiots within the meaning of the constitutional provision, and it hopes, before many months have elapsed, to obtain from the Court of Appeals a decision which shall finally settle the questions at issue, so long as the present Constitution remains in force.

CHAPTER 15.

PATHOLOGICAL DEPARTMENT.

Pursuant to recommendations of the commission in its previous reports, the Legislature, at its last session, authorized the establishment by the commission of a department for the special study of mental pathology and allied subjects in connection with the State hospitals and primarily for their benefit. This the commission regards as a most important step and one which has not hitherto been undertaken by any State or country, the aim being to provide for the exhaustive study of the causes and conditions that underlie mental diseases, from the standpoint of cellular biology which is now elevated to the dignity of a special science; also to provide instruction in brain pathology and allied subjects for the medical officers of the State hospitals, and to other members of the medical profession, especially alienists and neurologists, who may desire to avail themselves of the advantages afforded by this department.

Realizing its responsibility in the matter, and also that the success of this new and most important undertaking, even though sustained by the material and moral resources of the State, must depend on its being organized and conducted on the broadest scientific lines, the commission has freely sought the advice and counsel of prominent members of the medical profession, including specialists in pathology, hospital superintendents and other alienists and neurologists as well as men of eminence in other departments of medicine. After careful consideration of the matter, and guided by the best obtainable advice and information it was decided to locate the laboratory, to be known as the "Pathological Institute of the State Hospitals," in the city of New York, which city is the recog-

Pathological Department.

nized medical center of the United States, and within a radius of sixty miles of which are located more than two-thirds of the State's insane, not to speak of the vast number and variety of other eleemosynary institutions, from which material for its use will be readily available. It was also decided to place the directorship of the institute in the hands of the most competent available man and to fix his compensation at a sum that would be sufficient to command his undivided time and attention; also to provide him with every needed facility in the way of assistants and laboratory equipment, technical and otherwise, which he might require in the prosecution of his work.

The Civil Service Commission, after due consideration of the matter, decided that the position of director should be classified in the competitive schedule, and in order to insure that only persons having knowledge of the subjects pertinent to the duties of the position should become candidates, the examination, as announced, was limited to questions in general pathological anatomy, architecture of the nervous system, minute anatomy of the nervous system, pathological anatomy of the nervous system, technique and methods of neural investigation, and the lines of research to be applied to study of the pathology of insanity. Moreover, under the rules of the Civil Service Commission, candidates were required to be members of the medical profession in good standing and legally qualified to practice medicine in this State, as well as to be citizens of the State at the time of filing their applications. The Civil Service questions for this special examination, which were prepared and subsequently passed upon at the request of the Civil Service Commission, by Professors T. M. Prudden, M. Allen Starr and Herman M. Biggs, gentlemen of high professional standing and eminently qualified by large experience in their respective fields of scientific labor, are here inserted for the information of the medical profession and others who may be interested therein:

Pathological Department.

CIVIL SERVICE EXAMINATION FOR DIRECTOR OF
PATHOLOGICAL INSTITUTE.

1. Describe minutely the location of secondary degenerations in the spinal cord after a tranverse lesion of the sixth dorsal segment.

2. Give the gross differential features between gummata, tubercles and sarcomata of the brain.

3. Enumerate and describe in detail two important lesions of the blood vessels of the brain.

4. Describe the symptoms produced by a tumor lying on the floor of the fourth ventricle, involving the junction of the pons and medulla on the left side from the lower border of the sixth nerve nucleus downward to the upper limit of the tenth nerve nucleus and involving the lemniscus but not the pyramid.

5. Enumerate the more important microscopical lesions of the brain which have been described in general paresis.

6. Describe in detail the association fibre of the central cortex.

7. Describe and diagram a section of the central cortex over the frontal convolutions.

8. Trace upward to their terminations the fibres of the medulla.

9. What microscopical changes have been found in the central cortex in general paralysis of the insane?

10. What changes are most frequently found post mortem in acute mania?

11. Describe the changes, macroscopical and microscopical, usually found after death from chronic alcoholism.

12. Describe Meynert's method of gross dissection of the brain and state in detail its advantages over other methods.

13. Describe the method for Golgi's silver staining in the nervous system; give the more important modifications of this method and state the mode of tissue hardening best adapted for preserving nerve tissues for this purpose.

14. Describe Nissl's staining method and state some of the more important structural features and physiological data which its use has revealed.

Pathological Department.

15. Describe the course of the lemniscus and the various fibres entering into its composition with their respective origins and terminations.

16. Give a diagram showing the visual tract from eye to brain cortex.

17. Describe the minute structure of the cortex of (1) the post central; (2) the middle occipital convolution.

18. What advantages does the Nissl stain offer over the Weigert and Golgi stains ?

19. Give your idea of the methods to be used in investigating the pathology of insanity.

20. Discuss the possibility of detecting post mortem the existence of toxic agents acting on the brain during life.

The only successful candidate, as certified by the Civil Service Commission, was Dr. Ira Van Gieson of New York city, and he was accordingly appointed to the position of director. His selection was also endorsed by many prominent members of the medical profession. Dr. Van Gieson has been connected with the laboratory of the College of Physicians and Surgeons, New York, for ten years past as instructor in normal histology and neurology, and is regarded as an authority on histology and on the pathology of the brain and nervous system, as well as on microscopical technique and subjects allied thereto; he has also been a frequent contributor to the literature of these subjects. The commission feels that the State is fortunate in securing Dr. Van Gieson's services to conduct this great work which is about to be inaugurated, and it feels warranted in expressing the belief that the results attained will eventually not only confer a lasting benefit upon the people at large but will attract the favorable attention of the scientific world.

CHAPTER 16.

STATE HOSPITALS' BULLETIN.

Recognizing the desirability of having a publication which should jointly represent the clinical work of the State hospitals and the results of investigations of the pathological institute, the superintendents of the hospitals, in conference with the commission, decided by resolution to establish a quarterly publication, to be known as the State Hospitals Bulletin, to be conducted by an editorial committee annually selected from the ex-officio editors (president of the commission and general and medical superintendents of the hospitals), with the assistant physicians and medical internes of the hospitals as collaborators. It has for years been a topic of criticism among physicians that sufficient attention was not paid by the medical officers of State hospitals to the scientific aspects of insanity. While this criticism has been too sweeping, it must be admitted that it had a certain basis of truth; and it is now hoped that whatever force there may have been in the criticism heretofore, it can no longer be justly maintained in respect to the State hospitals of New York. The scope and aim of the Bulletin, the first number of which has been issued from the press of the Utica State Hospital, is fully set forth in the following editorial notice:

ANNOUNCEMENT.

The ten State hospitals of New York State are caring for and treating 12,174 insane patients. With the transfer of the New York city asylums to the State system this number will be increased to 19,369. There are 2,721 persons employed to care for the insane and for the administration of the present ten hospitals. There are ninety-one physicians directly engaged in the medical

State Hospitals' Bulletin.

service of these hospitals, exclusive of those engaged in the pathological department and of the consulting physicians and surgeons of the several hospitals.

The above data will give a sufficient reason for a new publication. That a need exists for a means to disseminate the clinical and pathological data, which must inevitably accrue from such an extensive medical service, requires no argument. The statistics are sufficient evidence. Efforts have heretofore been made to present some of the material resulting from the hospital practice, in the form of medical addenda to the annual reports of the hospitals. But the objection to this practice is that these reports were contemplated to give to the Legislature the business operations of the hospitals, and that, consequently, but a small proportion of the distributed copies reached the medical profession, where only the medical report could be properly appreciated.

The Bulletin may be said to be an outgrowth of these medical reports. It is intended to harmonize the medical work of the hospitals. They are put upon a substantially uniform basis, and individuality is lost, for in all general work, such as the investigation of new subjects, they will each participate in a like degree. In voluntary contributions, however, a certain degree of individuality of hospitals will be preserved, sufficient, the committee hopes, to stimulate the medical service to close and accurate observation.

The Bulletin is not intended to compete with any journalistic work in present existence. It is, in short, prohibited from journalistic work, and confined to reports of clinical and pathological data in the several departments of the State hospital service. In this way it is believed it will act as coadjutor to journal workers, in presenting facts that may be used by them. The ordinary statistics of hospital work will be analyzed and presented during the course of the year in a form that may be understood. The ordinary presentation of insane hospital statistics receives no attention, for the reason that they are not comprehended. A function of the Bulletin will be to make them useful by analysis.

State Hospitals' Bulletin.

The scope of the Bulletin will be confined, therefore, to an expression of hospital experience and practices, and deductions based thereon, and to pathological findings. It is the purpose to preserve and disseminate in this manner useful and interesting facts that would otherwise slumber undisturbed in case-books and clinical records. It may be considered in the light of a "psychiatrist at the breakfast table," and as it is not intended to compete with the formal journals, so it should not be compared with them in the character of its contents. What might be lost by a belief in its lack of importance for a journal article will find a place in the Bulletin. Negative results will be recorded. Results in therapeutics and physical treatment will be freely used.

The organization of the pathological work in the State of New York will be ideal, and the Bulletin will be the organ of this department. A central bureau will be known as the Pathological Institute, and will be under the control of the director. The hospital laboratories will be under the supervision of the director, and members from each hospital staff will be assigned to him as assistants. All the hospitals will thus participate in the laboratory work, and the several local laboratories will have their work assigned by the director, thus preventing unnecessary duplication of labor, and all working intelligently to a common purpose. The advantage of this method needs no emphasis. It can readily be understood. The Bulletin will publish regularly the progress in this department, without waiting for positive results. This department will be perfected during the coming year.

There are many special cases outside the usual forms of classification that will be reported in the Bulletin. It is not the purpose to teach something new in each report, but to add to the aggregate of cases that should receive further attention and study, and thus to save for available use what might otherwise be lost in case records.

Until further notice the Bulletin will be published quarterly. The committee hopes that the first year's experience may require a shorter interval, but predictions will not be indulged in at the

State Hospitals' Bulletin.

present time. If a progressive spirit animates the medical service in our State hospitals the Bulletin will live, and we believe it will be an abiding evidence of such a spirit for many years to come. All departments of the State hospital service are united in a hope for its success, and an effort equal to the desire will assure it. The State Commission in Lunacy has given it the material aid required, and has added to this requisite support by encouragement and counsel.

The Bulletin is a public document only in the sense that it is published by the State. It is expected that the support it will receive from subscriptions will relieve the State from any considerable expense. The subscription is purposely placed very low in order to secure a wide distribution. No advertisements will be received or published in the Bulletin.

The committee infers from instructions it has received from the board of editors that no further expression will be required from it, unless there should be a change in the policy or the plan of the Bulletin. Its pages will hereafter be occupied by reports; and it will not review or epitomize from other journals. Its purpose will be to give a resume of the clinical and pathological work in the State hospitals.

THE EDITORIAL COMMITTEE.

January 1, 1896.

CHAPTER 17.

Recreation and Amusement for the Insane.

Recreation and amusement is regarded as a most important element in the care and curative treatment of the insane. Suitable facilities, therefore, should be afforded to the fullest practicable extent, by the erection of amusement halls for theatricals, concerts, lectures, dancing, etc., and by supplying generally whatever may be found useful to that end. After discussion of and agreement upon the matter by the conference of superintendents, a monthly per capita allowance for amusement purposes has been decided on. Tentatively, the sum of two cents per week per patient is allowed. This admits of boat rides, of trolley car excursions, of procuring musical instruments, of base ball games and other athletic sports and exercises, of musical and theatrical entertainments, etc. The former practice in regard to amusements was neither adequate nor desirable. The hospitals depended largely on voluntary services and contributions, while in some instances funds for entertainments were raised by an assessment on officers and employees or by their voluntary contributions. Again, donations were solicited from or contributed by dealers who furnished goods or supplies to the hospital — a very questionable practice, since, it hardly need be said, business and charity do not appropriately go together, and the purity of even the best intention would be sullied by the suspicion that where gifts are expected to follow sales, the seller will be sure to recoup for his liberality by charging proportionately higher prices.

It is a source of satisfaction to say that these methods have been entirely discontinued, and instead the policy of a definite allowance per month to each hospital for the diversion and amusement of patients has been adopted.

Recreation and Amusement for the Insane.

As to buildings for amusement halls, while the commission cordially approves of them, it holds that the outlay for such an object should be kept within reasonable limits. A detached amusement hall having a seating capacity of 800, with ample space for stage and dressing rooms, and equipped with suitable scenery, stage properties, etc., was built at the Willard State Hospital at a cost of less than \$30,000. The commission believes that it is neither necessary nor justifiable to provide elaborate and architecturally expensive structures for such purposes; the building needed should be sufficient in size and adequate in arrangement to properly accommodate all the patients who are likely to be able to enjoy its advantages, but it should be comparatively plain in both exterior and interior construction, and the governing idea should be economy so far as it can be subserved consistently with utility, durability and safety. Certainly so long as any of the State's dependent insane are housed so wretchedly as many hundreds of them now are on Hart's and Blackwell's islands, and so long as the paramount need of money to provide additional accommodations and other essentials to comfortably care for the inmates of other hospitals in other ways is as urgent as it now is, the utmost economy should be exercised in expenditures for a purpose which, while admittedly beneficial and important, is not so vitally nor so absolutely necessary.

CHAPTER 18.

PERSONAL CARE OF PATIENTS.

The commission would recur to the suggestions and recommendations which it has made from time to time for the more careful attention to the person and clothing of patients in State hospitals. It believes that much can be done in addition to what is being done for the improvement of these unfortunates in these respects. It has previously recommended that patients be bathed twice instead of once weekly. Of course, it is aware that certain patients are bathed many times each week as their necessities require, but the above reference is solely to those patients which ordinarily are required to bathe but once a week. It is a matter of common knowledge among those who are experienced in caring for the insane that many insane persons are untidy and prone to neglect the care of their bodies, the excretions from the surface of which are unwholesome and malodorous, to say the least. This is especially noticeable where large numbers of patients are congregated, as in amusement halls or in chapels, as well as in certain of the wards and day-rooms, despite the fact that they are all bathed at least once a week. With the improved and increased facilities for bathing purposes now possessed by most of the hospitals, the commission is clearly of the opinion that it would be a decided step in advance if patients generally were regularly bathed twice weekly instead of but once a week, as has heretofore been the almost universal practice. The system of "rain" or "spray" baths which was inaugurated at Willard in 1891, and which has proved both highly efficacious as well as economical in the matter of time, water and fuel, as compared with the old method of tub bathing, is rapidly becoming general throughout

Personal Care of Patients.

the hospitals. The sanitary advantages of this method of bathing are also very great, as it necessarily precludes the possibility of bathing more than one patient in the same water. In fact, in all new construction at the hospitals, the introduction of stationary bath-tubs has been practically abandoned. Where bath-tubs are necessary, as they may be for a limited number of cases, portable tubs, hung on large rubber tired castors, are provided. These are readily filled and emptied, and when not in use can be so disposed of as to greatly economize space as compared with stationary tubs. Furthermore, their use admits of a much less expensive arrangement of supply and waste pipes, traps, etc. The commission believes that it would be wise to go even further in this matter by erecting associate bath-houses at all of the State hospitals similar to the one which is now in successful and satisfactory operation at the Utica State Hospital, which was one of the first to try the experiment of an associate bath-room upon a large scale.

During its official visitations to the hospitals, the commission's observations have impressed it that the personal appearance of men patients — as regards the condition of their clothing, shoes, hair, beards, etc.— was, generally speaking, not satisfactory or such as it ought to be. It has verbally called the attention of superintendents and other medical officers to the matter and suggested that material improvement in these respects could be made by insisting that attendants in charge of the men's wards should have their patients' clothing brushed twice or thrice daily, their shoes cleaned and blacked at regular intervals, their hair and beards kept trimmed and regularly combed and brushed. Improvement in the personal appearance of patients is, in the commission's opinion, solely a matter of careful and systematic attention to the matters referred to, and this, it believes, could and should be done. The condition of women patients in this regard is usually much more satisfactory than that of the men, although the experiment, successfully tried at the St. Lawrence State Hospital, of introducing women attendants on men's wards, has pro-

Personal Care of Patients.

duced at this hospital marked improvement in that particular in the latter class. The commission has also recommended, and the conference of superintendents concurred by the adoption of a resolution to that effect, that provision should be made for the dental care of patients' teeth by the employment of dentists to visit the hospitals at stated times and attend to the teeth of such patients as, in the judgment of the medical officers, are in need of their services.

Early in 1893, under the operation of the estimate system, after careful consideration of the subject, it was decided to discontinue the use of tobacco in the State hospitals, at least as far as lay within the control of the commission to do so, and it was thereafter no longer allowed in the monthly estimates. This step was followed by much criticism, sometimes rather acrid in temper and not always just in expression. But experience has demonstrated that the step taken was not only justifiable on the ground of economy, but was beneficial to many of the inmates who theretofore indulged excessively in the use of tobacco, as well as to the cleanliness and hygienic condition of the wards. Insanity being usually accompanied by physical debility, arising from a condition of malnutrition of the brain and nervous system, sufferers from it should not be allowed to indulge in practices which naturally would tend to aggravate that condition, or, in other words, which would tend to produce the conditions of body and mind which the hospitals are instituted to relieve. It is true, however, that tobacco continues to be furnished to patients, in greater or less quantities, through friends or employees, especially the latter, when they desire to get extra work from patients. This practice, in the commission's opinion, ought to be absolutely prohibited, exceptions being made only upon the written order of the superintendent in each case, or for medical reasons. Tobacco, as often used by insane persons, whether by smoking, which constitutes a source of danger to property, or by chewing, often leads to filthy and sometimes revolting practices, not to speak of the unsanitary conditions which its use on the wards of a hospital

Personal Care of Patients.

involves. The evils resulting from its use by patients, as well as the benefits from its disuse, are well portrayed in the following letters:

Regarding the use of tobacco in the New York city asylums for the insane, Dr. A. E. Macdonald, in a letter under date of November 6, 1893, says: "In answer to the inquiry of your commission regarding the use of tobacco in the city asylums, I beg to say that such use was discontinued shortly after my appointment to the City Asylum, Ward's Island, in the fall of 1874. I found, upon assuming duty there, that tobacco was issued indiscriminately by the warden, matron, and other lay officers, without any reference to the physicians; that its use was either for the purpose of securing special work or in order to pacify patients who threatened disturbance or violence unless tobacco was given to them.

"Much turbulence and quarreling among the patients was caused by this distribution — stronger patients forcing weaker to give them their share of the distribution — and in some instances serious trouble was caused by tobacco poisoning through the swallowing of the tobacco by demented patients; at the same time the effect upon the discipline and cleanliness of the asylum was markedly unfavorable.

"The abandonment of the use of tobacco has not resulted unfavorably in my experience; on the contrary, there has been a decided improvement in the condition of the patients and of the buildings.

"I do not think that the deprivation of tobacco causes any greater distress to individual patients than the deprivation of liquor or other indulgences to which they have been accustomed, and I see no good reason for its general use or distribution.

"If tobacco is to be used at all in asylums, I should favor its use only by convalescent or chronic cases, who might be rewarded for work by being permitted to smoke in places and at times specially designated for the purpose. I should not advocate its being issued indiscriminately or for use otherwise."

Personal Care of Patients.

Dr. H. G. Matzinger, of the Buffalo State Hospital, writes as follows regarding the use of tobacco in that institution:

"During your last visit here you requested me to write you my experience with the use of tobacco among insane patients, and my opinion of the effect of its discontinuance.

"In nine cases out of ten the chewing habit led to uncleanness of greater or less degree, according to the personal habits of the patient. His face and clothing always bore ample evidence of its use, often to a nauseating degree, and his idle hours were spent in filling spittoons, from which it was not uncommon to see other patients take the quids and chew them.

"In many cases the habit of chewing was acquired by begging a sufficient quantity, and so the demand grew, and the friends were importuned to bring it, if refused by the physician. When it was the custom to reward some patients for work or to induce them to work by offering tobacco, others soon discovered the fact and frequently objected to doing anything unless they received their share, even though they never used it. It was then traded for other things with other patients, or workmen on the grounds.

"In two cases which I recall now a serious form of tobacco poisoning occurred. One, a negro, employed in the engine-room, has had several periods of quite prolonged illness following the immoderate use of chewing tobacco. He exercises no discretion whatever in its use, has periods of irritability when it is difficult to keep him continuously at work, and at such times he was given a larger supply by the fireman in order that he might not be short of help.

"The other, a mild dement, was issued his ordinary supply at the end of the week and apparently devoured all of it within a few hours afterward. He was brought to the ward and soon passed into a condition approaching collapse. He was cold, pale, tremulous, and almost pulseless. On inquiry, it was found that he had been eating a large amount of tobacco. He was given a dose of oil, and soon passed a black mass of macerated leaves,

Personal Care of Patients.

filling half the vessel. After this the patient gradually recovered his ordinary condition.

“It was quite a common occurrence to have patients suffer from indigestion and headache, due directly to the use of tobacco in quantities to which they were not accustomed.

“On the whole, I do not recall that smoking caused any trouble. It was always done under supervision, and was not allowed on any part of the grounds or in the buildings, except in the smoking-room of the cottage. It proved a great source of comfort to many aged people and patients who had been accustomed to it for many years.

“When the order of the superintendent to discontinue the use of tobacco, which resulted from an informal discussion of the subject between yourself and the medical officers of the hospital on the occasion of your last official visit, was first put into force, there was considerable objection for a few days, but since then we have experienced no trouble of any kind. Patients are as industrious as before, and no deleterious result has been observed.

“All inquiries on the part of patients and their friends in relation to the use of tobacco are met satisfactorily and finally by the statement that it is not allowed. The interdiction of the general use of tobacco in this hospital has, far from causing annoying unpleasantness, been most gratifying, removing a great source of personal uncleanness, of dissatisfaction, and of possible injury to health.”

CHAPTER 19.

RECOVERIES.

One argument widely pressed against the State care system as applied to all the insane of the State, especially in view of the expected commingling of the so-called acute and chronic classes at the same institution, was a claim that the recovery rate would necessarily be lowered. It is gratifying to know that this expectation has not been borne out in fact. As was shown in the commission's sixth annual report, the average recovery rate at the State hospitals has been steadily rising. For the five years succeeding 1890 it was one per cent. higher than for the five years preceding. Based on the daily average population the recovery rate for the past year is 6.98. Based on the number admitted it is 22.3, and on the whole number treated 5.3. So long as the rule of reckoning recoveries is the same at the several institutions, it is of less moment how that rate is determined, whether on daily average population, on the whole number treated, or on the number of admissions; by comparison the results would be nearly identical, except as far as they might be affected by variations in judgment of different superintendents as to what constituted a recovery in individual cases, although the percentages themselves might differ widely. The increase in the recovery rate in this State is due, no doubt, to the higher standard of care and treatment maintained under the State Care Act. To what extent the recovery rate could be raised it is not easy to say, so many elements enter into the calculation, as improved medical service, increased number and improved character and qualification of attendants and nurses, better food supplies, clothing, furniture, amusement and generally all things which contribute to elevate the standard of care. The early reports of the Utica State Hospital show that in some

Recoveries.

instances 25, 30, 40 and even 50 per cent. of recoveries were reported; but at that time the hospital received only presumably recoverable cases, rejecting such as were regarded as unrecoverable, or as, in the superintendent's judgment, held out little or no hope of recovery. All these latter cases were turned over to the poorhouses, or, when, in later years the so-called asylums for the chronic insane were established, to them. In estimating the recovery rate the fairest — perhaps the only fair — method is to divide the whole number of recoveries in the State hospitals by the whole number under treatment in each year. However, whether one or other mode of reckoning be followed, the great issue of this discussion is the fact that, under the operation of the State care system as now conducted, the average recovery rate is rising.

It must be evident that the recovery rate is not to be benefited by employing inexperienced physicians, untrained in caring for insane persons, or by hiring cheap attendants and nurses unskilled in their special line of duty. The real question to be considered in all these matters is that of ultimate economy to the State. A great advance has been made in this particular. Expenditures for promoting the welfare of the dependent insane are now freely made, which in former years would have been deemed quite inadmissible. At bottom it is essentially a question of taxation. No doubt much more could be done if there need be no regard to cost. With specialized treatment fully developed, with small buildings planned for the sole use of certain classes of acute insane, with nurses trained to a high degree for their particular service, etc., no doubt larger and better results might be achieved. But these features however desirable, can only be attained gradually. They all involve an increase of cost, and real reform in this, as in other directions, can proceed only so far and so fast as the average sentiment of the taxpaying public will permit.

CHAPTER 20.

Comparative Cost of County and State Care.

One of the chief claims made by the advocates of county care was that the insane could be maintained at much less cost in county than in State institutions. In truth it may be said that, outside of the claim advanced by a few persons the counties could and did do more in poorhouses for the physical comfort and the humane treatment of their dependent insane, than the State could or did do in its hospitals, the whole case of those opposed to State care centered in this claim. There never was any real foundation for this claim, although some specious arguments were presented in its support, notwithstanding the fact that many of the keepers of the county asylums admitted that if they were required to maintain a standard of care equal to that of the State institutions, their per capita cost would largely exceed the rate then charged by the State asylums for the chronic insane. Even in the counties of New York and Kings, with their almost unlimited resources, the per capita weekly allowance for maintenance of their dependent insane has averaged from one to two dollars less than that provided for the State hospitals, while in the smaller so-called asylums of the interior counties, the allowance for support was still more niggardly, they being for the most part conducted on a scale based on the minimum sum for which body and soul could be kept together. The keeper of one of the larger of these county establishments stated, with not a little show of pride, that he maintained his patients for ninety cents a week per capita. In the very nature of the case, the comparatively small number at any one county almshouse made it impossible to maintain them, at an equal standard, as cheaply as the much larger number in a hospital could be kept; but this point

Comparative Cost of County and State Care.

seemed to be overlooked in the discussion of the question. Moreover it was practically impossible, owing to the financial methods in vogue to obtain accurate and reliable figures as to the cost of maintenance of the insane in county almshouses for the reason that with a single exception (Queens county) the accounts of the almshouse or poorhouse as to their insane inmates and the sane paupers were inextricably mixed; the same employees having charge of both, the same food supplies being issued from a common source for both, the medical service being the same for both, etc.

The following table, which has been prepared with great care, from all the available data at hand, shows, first, the cost to each county for its insane, except New York and Kings (using exact figures wherever obtainable and taking the utmost care to allow for every element of cost when possible only to approximate to correctness), in 1890, when the county care system prevailed; second, the cost to each county in 1895-96 under the State care system whereby the whole expense is borne by the State; third, as derived from comparison of the cost to counties under the two systems, and the relative gain or loss to each.

STATE OF NEW YORK—

TABLE

- 1st. Cost to each county for its insane in 1890, when mixed State and county system prevailed, State asylum buildings, repairs and improvements to same, officers' salaries, and the cost of county asylums, and the cost of transporting insane to institutions.
- 2d. Cost to each county in 1895-6, when the system of exclusive State care prevailed, the State tax other charges on account of the insane.
- 3d. Gain or loss to each county. To determine this, a weekly per capita charge which, if applied to items mentioned in the first paragraph above, is multiplied by the total number of public would now be if the mixed State and county system were still maintained; and when these the net gain or loss appears. This does not apply to New York or Kings counties, where in the control of the commissioners of charities and corrections.
- In examining the financial results shown in the table, the greatly improved condition of the and county asylums, should receive due consideration.

NOTE.—The discrepancies in gain or loss in the different counties are due in most cases to a dis-

COUNTY.	Number of patients in State hospitals.	Average annual per capita charge in State hospitals exclusive of clothing.	Total annual cost for patients in State hospitals.	Number of patients in county asylums or poorhouses.	Average per capita cost of patients in county asylums or poorhouses.	Total cost of patients in county asylums or poorhouses.	Cost of transportation to State hospitals.	Expenditures by State for officers' salaries, buildings and improvements—State hospitals, apportioned to each county on assessed valuation.	Annual average cost of repairs and improvements to county asylums.
Albany.....	470	\$149 52	\$70,276 57	19	\$104 00	\$1,981 51	\$1,780 00	\$15,807 15	.....
Allegany.....	69	148 36	10,236 91	5	104 00	521 45	300 00	2,546 35	.....
Broome.....	31	175 46	5,439 54	78	104 00	8,134 62	380 00	4,312 68	\$500 00
Cattaraugus...	12	197 01	2,364 15	72	104 00	6,465 98	220 00	3,002 17	500 00
Cayuga.....	132	152 73	20,161 03	40	104 00	4,161 60	540 00	5,590 61	.....
Chautauqua...	15	203 35	3,050 35	111	104 00	11,576 19	320 00	4,587 39	500 00
Chemung.....	117	145 62	17,037 68	.....	.....	.....	540 00	3,498 49	.....
Chenango.....	73	182 89	13,351 17	.....	.....	.....	960 00	3,173 87	500 00
Clinton.....	30	200 54	6,016 24	33	104 00	3,441 57	160 00	1,723 19	500 00
Columbia.....	103	170 55	17,566 93	8	104 00	834 32	840 00	4,849 26	.....
Cortland.....	15	182 77	2,741 67	26	104 00	2,711 54	260 00	1,977 41	500 00
Delaware.....	87	148 93	12,958 22	.....	.....	.....	520 00	2,348 39	.....
Dutchess.....	234	170 66	39,934 65	.....	.....	.....	1,720 00	2,472 59	.....
Erie.....	238	188 64	44,897 08	378	104 00	39,421 62	3,420 00	29,178 57	500 00
Essex.....	34	168 26	5,721 11	.....	.....	.....	240 00	1,789 41	.....
Franklin.....	44	141 20	6,212 82	.....	.....	.....	200 00	1,415 59	.....
Fulton.....	64	145 75	9,329 92	15	104 00	1,564 35	380 00	1,565 33	.....
Genesee.....	33	141 07	4,635 31	6	104 00	625 74	400 00	3,770 50	.....
Greene.....	47	167 86	7,889 73	8	104 00	834 32	109 00	2,362 01	.....
Hamilton.....	3	149 90	449 99	.....	.....	.....	20 00	189 24	.....
Herkimer.....	32	172 47	5,519 32	40	104 00	4,171 60	300 00	4,126 68	500 00
Jefferson.....	66	147 09	9,707 95	42	104 00	4,380 18	420 00	4,380 34	500 00
Kings.....	21	201 54	4,232 43	.....	.....	.....	260 00	72,577 51	.....
Lewis.....	24	159 38	3,825 20	35	104 00	3,650 15	180 00	1,545 29	500 00
Livingston.....	17	171 55	2,916 35	51	104 00	5,318 79	520 00	4,491 59	500 00
Madison.....	83	166 33	5,489 08	46	104 00	4,797 34	360 00	3,398 18	500 00
Monroe.....	53	178 49	9,460 28	341	104 00	35,464 00	700 00	17,602 27	.....
Montgomery...	74	146 03	10,806 08	31	104 00	3,232 99	440 00	4,362 55	.....
New York.....	68	209 26	14,229 78	.....	.....	.....	1,300 00	295,105 80	.....
Niagara.....	131	144 66	18,950 80	.....	.....	.....	580 00	4,797 29	.....
Oneida.....	109	193 65	21,108 47	315	104 00	32,851 35	2,020 00	9,946 31	500 00
Onondaga.....	194	161 08	31,251 30	107	104 00	11,159 03	1,440 00	11,762 32	500 00
Ontario.....	118	132 33	15,615 75	.....	.....	.....	860 00	4,196 41	.....
Orange.....	117	171 46	20,060 92	69	104 00	7,196 01	1,220 00	7,637 33	500 00
Orleans.....	51	153 94	7,851 15	2	104 00	208 58	300 00	2,610 84	.....
Oswego.....	47	178 38	8,384 05	86	104 00	8,968 94	920 00	4,076 97	500 00
Otsego.....	58	133 73	7,756 68	4	104 00	417 16	300 00	3,765 98	.....
Putnam.....	25	143 54	3,588 47	.....	.....	.....	100 00	1,288 04	.....
Queens.....	141	169 59	23,912 71	117	104 00	12,201 93	1,620 00	8,620 01	500 00
Rensselaer...	361	153 94	55,573 85	12	104 00	1,250 04	1,420 00	10,906 25	.....
Richmond.....	70	167 38	11,717 02	13	104 00	1,355 77	300 00	2,286 20	.....
Rockland.....	49	172 16	8,436 19	5	104 00	521 45	320 00	2,236 12	.....
St. Lawrence...	82	125 09	10,258 06	30	104 00	3,128 70	620 00	4,139 49	.....
Saratoga.....	95	142 80	13,566 00	10	104 00	1,042 90	580 00	4,103 37	.....
Schenectady...	50	144 09	7,204 58	3	104 00	312 87	260 00	2,312 44	.....
Schoharie.....	50	136 77	6,838 53	.....	.....	.....	240 00	1,806 84	.....
Schuyler.....	51	127 36	6,495 43	.....	.....	.....	280 00	1,211 81	.....
Seneca.....	72	127 25	9,162 45	2	104 00	208 58	400 00	2,714 59	.....
Steuben.....	151	147 83	22,323 40	.....	.....	.....	820 00	4,489 45	.....
Suffolk.....	73	162 21	11,841 64	37	104 00	3,858 73	540 00	3,149 88	500 00
Sullivan.....	28	180 17	5,044 82	30	104 00	3,128 70	360 00	967 08	.....
Tioga.....	18	150 72	2,712 99	34	104 00	3,545 80	380 00	2,089 80	500 00
Tompkins.....	65	127 23	8,269 85	.....	.....	.....	380 00	2,461 16	.....
Ulster.....	134	169 42	22,703 52	72	104 00	7,508 88	680 00	4,513 62	500 00
Warren.....	40	177 65	7,106 16	.....	.....	.....	300 00	1,216 27	.....
Washington...	52	140 88	7,325 76	10	104 00	1,042 90	340 00	3,540 88	.....
Wayne.....	28	170 73	4,780 45	51	104 00	5,318 79	340 00	4,445 30	500 00
Westchester...	335	145 20	48,644 07	.....	.....	.....	1,600 00	15,339 37	.....
Wyoming.....	15	167 30	2,509 63	19	104 00	1,981 51	100 00	2,684 58	.....
Yates.....	46	127 01	5,842 51	.....	.....	.....	80 00	2,118 70	.....

STATE COMMISSION IN LUNACY.

SHOWING

Including transportation of public patients, proportionate share to each county of annual cost of maintaining a portion of the insane in State hospitals, a portion in poorhouses and a portion in the

being one mill, covering total cost of maintenance, new buildings, repairs, improvements, and all

all the public patients of each county under treatment in 1890, would cover the entire cost of the patients from each county under treatment in 1893; this shows what the actual cost to each county figures are compared with those of the State tax for the insane assessed against each county in 1895, 1890, the maintenance of the insane was not separate from that of inmates of other institutions under

public insane in the matter of diet, clothing, medical care, etc., over that prevailing in the poorhouses proportion of insane to the assessed valuation.

Total annual cost to each county for insane-year 1890, including all items.	Per capita charge 1890, inclusive of all items in State hospitals and poorhouses.	Number of public patients in State hospitals September 30, 1895.	Cost to counties for patients in custody 1895-6, if mixed State and county system prevailed.	Total cost to each county for care insane (tax of 1 mill) 1895-6.	GAIN OR LOSS TO EACH COUNTY.		Gain to each county in improved care of insane transferred from county asylums and poorhouses to State hospitals, i. e., difference between \$104 and \$187 per capita per year.	COUNTY.
					Gain.	Loss.		
\$89,845 23	\$183 73	555	\$101,971 82	\$85,795 05	\$16,176 77	.....	\$1,580 80	Albany.
13,604 71	183 85	77	14,156 22	13,868 03	288 19	.....	416 00	Allegany.
18,766 84	172 17	152	26,170 30	29,883 73	.....	\$3,713 43	6,489 60	Broome.
13,595 20	161 85	84	13,595 20	20,040 17	.....	6,444 97	5,990 40	Cattaraugus.
26,291 64	185 15	176	32,586 40	30,918 26	1,668 14	.....	832 00	Cayuga.
20,033 93	159 00	141	22,419 00	27,961 12	.....	5,542 12	9,235 20	Chautauqua.
21,076 17	180 14	137	24,677 81	21,850 68	2,827 13	.....	.....	Chenung.
17,985 04	246 37	93	23,158 78	15,129 11	8,029 67	.....	.....	Chenango.
11,841 00	187 95	84	15,539 85	6,689 96	8,909 89	.....	2,745 60	Clinton.
24,090 51	217 03	111	24,090 51	25,885 66	.....	1,795 15	665 60	Columbia.
8,190 62	199 77	48	9,588 96	9,666 10	.....	77 14	2,163 20	Cortland.
15,826 56	181 91	84	15,280 44	14,621 74	658 70	.....	.....	Delaware.
49,127 24	209 95	283	59,415 85	44,666 63	14,749 22	.....	.....	Dutchess.
117,417 27	190 61	834	158,968 74	256,177 46	.....	97,208 72	31,449 60	Erie.
7,750 52	227 96	46	10,486 16	10,185 86	300 30	.....	.....	Essex.
7,828 41	177 92	62	11,031 04	8,608 18	2,422 86	.....	.....	Franklin.
12,839 80	162 53	86	13,977 58	10,988 34	2,989 24	.....	1,243 00	Fulton.
9,451 55	242 35	60	14,541 00	22,482 46	.....	7,941 46	499 20	Genesee.
11,286 06	205 20	64	13,132 80	12,380 87	751 93	.....	665 60	Greene.
659 23	219 74	6	1,318 44	1,349 86	.....	31 42	.....	Hamilton.
14,617 60	203 02	102	20,708 04	20,625 39	682 65	.....	3,328 00	Herkimer.
19,383 47	179 52	127	22,799 04	27,286 20	.....	4,487 16	3,494 40	Jefferson.
.....	.....	.....	.....	525,195 99	.....	.....	.....	Kings.
9,700 64	164 42	73	12,002 66	7,845 61	4,157 05	.....	2,912 00	Lewis.
13,446 73	197 75	69	13,644 48	24,635 97	.....	10,991 49	4,243 20	Livingston.
14,544 60	184 11	91	16,754 01	19,381 81	.....	2,627 80	3,527 20	Madison.
63,226 55	160 47	497	79,753 59	132,273 29	.....	52,519 70	28,371 20	Monroe.
18,841 62	179 44	118	21,173 92	24,515 47	.....	3,341 55	2,579 20	Montgomery.
.....	.....	.....	.....	1,975,925 99	.....	.....	.....	New York.
24,328 09	185 71	146	27,113 66	32,202 37	.....	5,088 71	.....	Niagara.
66,426 13	156 67	394	61,727 98	51,854 29	9,873 69	.....	26,208 00	Oneida.
56,112 65	186 42	349	65,060 58	76,446 60	.....	11,386 02	8,902 40	Onondaga.
26,612 16	175 19	142	24,876 98	29,051 90	.....	4,174 92	.....	Ontario.
36,614 26	196 95	278	54,724 30	41,716 05	13,008 25	.....	5,740 50	Orange.
10,970 57	206 99	58	12,005 42	14,791 13	.....	2,785 71	166 40	Orleans.
22,849 96	171 80	179	30,732 20	23,716 37	7,035 83	.....	7,155 20	Oswego.
12,239 82	197 42	88	17,372 96	20,513 64	.....	3,140 68	332 50	Otsego.
4,976 51	199 06	24	4,777 44	6,738 34	.....	1,960 90	.....	Putnam.
46,854 65	181 61	292	53,030 12	72,168 01	.....	19,137 89	9,735 40	Queens.
69,150 14	185 39	438	81,200 82	61,921 14	19,279 68	.....	998 40	Rensselaer.
15,658 99	158 66	101	19,055 66	26,674 36	.....	7,619 70	1,081 60	Richmond.
11,513 76	213 22	82	17,484 04	13,354 12	4,029 92	.....	416 00	Rockland.
18,446 25	164 70	151	24,869 70	23,311 86	.....	3,442 16	2,496 00	St. Lawrence.
19,294 27	183 75	167	28,848 75	23,127 99	5,720 76	.....	832 00	Saratoga.
10,089 89	190 37	69	13,135 53	14,655 23	.....	1,519 70	249 60	Schenectady.
8,885 37	177 71	58	10,307 18	10,061 08	246 10	.....	.....	Schoharie.
7,987 24	156 61	47	7,360 67	5,649 98	1,710 69	.....	.....	Schuyler.
12,485 62	168 72	85	14,341 20	14,430 71	.....	89 51	166 40	Seneca.
27,632 85	183 00	195	35,685 00	26,822 52	8,862 48	.....	.....	Steuben.
19,890 25	180 82	164	29,654 48	21,545 02	8,109 46	.....	3,078 40	Suffolk.
9,501 50	163 82	89	14,579 98	5,260 30	9,319 68	.....	2,496 00	Sullivan.
9,228 59	177 47	65	11,535 55	11,838 31	.....	302 76	2,828 80	Tioga.
11,111 01	170 94	87	14,871 78	12,978 85	1,892 93	.....	.....	Tompkins.
35,906 02	174 30	235	40,960 50	25,639 83	15,320 67	.....	5,990 40	Ulster.
8,622 43	215 56	60	12,933 60	6,955 60	5,978 00	.....	.....	Warren.
12,249 54	197 57	65	12,842 05	18,074 92	.....	5,232 87	832 00	Washington.
15,384 54	194 74	86	16,747 64	20,157 46	.....	3,409 82	4,243 20	Wayne.
65,583 44	195 77	407	79,678 39	123,292 22	.....	43,613 83	.....	Westchester.
7,275 72	213 99	36	7,703 64	14,799 82	.....	7,096 18	1,580 80	Wyoming.
8,041 21	174 81	57	9,964 17	10,994 23	.....	1,030 06	.....	Yates.

Comparative Cost of County and State Care.

In considering this subject of cost to counties on account of their insane, it must be remembered that under the old system means for maintenance of the insane were not derived from a particular tax levy, but from several sources. The State, since 1836, has paid for buildings, repairs and improvements generally, and officers' salaries at the State hospitals. This cost was provided for in general appropriation or supply bills, and was covered in the general tax rate; hence to one unfamiliar with the then system of raising money by taxation, sometimes through general and other times through special appropriations, it would not be easy to discover and compute the several items which went to make up the aggregate tax for support of the dependent insane and of the institutions in which they were cared for. As the system of providing for maintenance existed in 1890, the cost of such maintenance was drawn from various sources. Those in State hospitals were paid for by a weekly per capita charge to the counties, the separate amounts being apportioned by county officials to the towns respectively chargeable therefor. The rates charged for maintenance varied in different hospitals, those for acute cases being higher than in hospitals for the chronic insane.

While, for the reasons above stated, it has been found impossible to obtain exact and in some instances even approximate information as to the cost of maintenance of the insane in county houses, it is believed, after careful inquiry, that this cost may safely be held to average at least two dollars per week. This was the rate fixed by the State Board of Charities for alien and nonresident insane—so-called "State paupers"—who were maintained in county poorhouses. As to this class of persons it may fairly be assumed that the several counties fixed a rate at least not below the actual cost. Moreover, the counties necessarily had to keep their poorhouses in repair, and occasionally to enlarge them. What this outlay amounted to can not be ascertained, but it would be safe to estimate the annual cost of keeping such institutions in repair at not less than \$500 each. The hospitals also charged to the counties, over and above the board rate, for clothing, breakage,

Comparative Cost of County and State Care.

etc. These extra items were separately charged and did not appear in the account on which the per capita cost was based; hence whenever a county reckoned the cost of caring for the insane in its poorhouse it embraced only the cost of supplies and help, and therefore did not represent the whole cost; it fell short of the full figures.

The foregoing table shows the gain or loss to each county (except New York and Kings) under the State care system. Now the tax rate of one mill covers every purpose and object of insane support — buildings, repairs, betterments, clothing, bedding, furniture, transportation of patients from their homes or elsewhere to the hospitals, managers' expenses, officers' salaries, employees' wages, and all other charges relating thereto, as well as the direct cost of the lunacy commission, of the pathological department, of returning alien and nonresident insane to other States and countries, of printing and stationery, and of all other expenditures whatsoever, on account of the insane.

In the table herewith presented the stated cost of buildings, repairs and improvements for a period of ten years in the counties of New York and Kings is based upon estimates. There are no reliable figures to show precisely what these counties have paid out for this purpose, the accounts being inextricably mixed with those of other departments of municipal administration; but the figures given in the table are believed to be near enough to accuracy for all practical purposes.

The proportion of the special State tax levied for the support of the insane paid by counties may have seemed to some of them a higher rate of taxation than they believed they were paying under the former system; but a careful analysis of the table, allowing the cost of maintenance of insane inmates of poorhouses to have averaged two dollars per week, shows that of the fifty-eight counties included in the comparison, there was a total loss in thirty of \$317,753.53, of which only six counties lose over \$10,000, and seventeen counties lose less than \$5,000 each, while the remaining twenty-eight counties gain an aggregate of \$174,998.88, of which

Comparative Cost of County and State Care.

fourteen counties gain over \$5,000 each. In this computation no account is taken of the higher standard of care and treatment provided in the State hospitals, but this is a very important point to be kept in mind. During the past year the average per capita cost of State hospital maintenance, as compared with that of the poorhouses, exclusive of new buildings, extraordinary repairs and improvements and betterments, was three dollars and fifty-five cents per week, or one dollar and fifty-five cents per week more than the estimated average cost of maintenance of the insane in poorhouses. This difference in per capita cost, as between State and county care, is represented by increased benefit and enlarged comfort of the insane, and if the actual difference in per capita cost be added to what these counties formerly paid for their insane, it would be seen that only a few of the more populous and wealthy counties would suffer any loss at all. Whatever real loss there might be in any case, it would be mostly in those counties having within their bounds one or more of the large cities, wherein the amount of taxable property, relatively to the number of insane to be cared for, is large. The loss falls most heavily on the counties of New York, Kings, Erie and Monroe.

Taxation for the care of the insane, however regarded, should not be deemed formidable. Assuming, for example, that the average value of farms throughout the State is \$3,000, the tax for support of the insane being one mill on the dollar, the average farm would pay, at full valuation, three dollars per year; or, if the assessed valuation be at the rate of two-thirds of the full value, in that case the average farm would contribute only two dollars per annum to the cost of support of the insane.

In the case of those counties which suffer a loss from the operation of the direct State tax as compared with the direct county and indirect State tax combined, under the former method of maintaining the insane, the cause of such loss is to be found, chiefly, if not wholly, in the fact that the number of their dependent insane relatively to the assessed value of their taxable property is small. New York and Kings counties lose materially from

Comparative Cost of County and State Care.

the effect of the State Care Act because of the great aggregation of wealth within their borders. But they do not lose so much as they would if compelled as formerly to pay their share of the tax for the insane of the other counties and at the same time to maintain their dependent insane in institutions of their own. It was for this reason that their municipal authorities were finally induced to turn the care of their dependent insane over to the State.

It is an important gain, to the people of the State as a whole, that when a family is reduced financially, or its income is so impaired, that it can not sustain the cost of caring for one of its members if afflicted with insanity, the State hospital stands invitingly open to afford the highest measure of skilled medical treatment and comfortable care, without charge.

The principle of State care is founded on the broad basis of science and humanity, and, when intelligently applied, stands for all that is best in the present state of knowledge on the subject. As applied in this State to-day the term State care for the insane, implies State provision and State maintenance for all of the dependent insane, in State hospitals established and organized upon the following basis:

1. A division of the State by counties into hospital districts, the territorial extent of each district being determined by the number of insane to be provided for and the capacity of the hospital located therein.
2. Each hospital to receive and care for all of the dependent insane, both acute and chronic, of its district.
3. A healthful, picturesque and accessible site, with an abundant supply of pure water, good drainage and acreage sufficient for ornamental grounds and agricultural purposes.
4. Well constructed and conveniently arranged hospital buildings of a permanent character, equipped with modern sanitary appliances, as regards warming, ventilating, lighting, fire protection, cooking, bathing, etc., and structurally adapted to the care of both acute and chronic cases.
5. A skilled, sufficiently large and liberally compensated medical staff, including a woman physician; also

Comparative Cost of County and State Care.

medical internes in each hospital as adjuncts to the regular staff. 6. A corps of skilled nurses, trained in the hospital, in the proportion of not less than one to eight patients. 7. A liberal and varied dietary. 8. Sufficient and suitable clothing, bedding and furniture. 9. Ample facilities in the way of medical and surgical appliances, also facilities for the industrial occupation, diversion and entertainment of patients. 10. The selection and promotion of officers and employees in accordance with civil service principles, and a permanent tenure of office during fitness and efficiency. 11. A uniform system of medical and financial records for all the hospitals. 12. The removal of public patients from their homes or from poorhouses to State hospitals by trained attendants of the same sex, at the expense of the State and the statutory prohibition of all jurisdiction of superintendents of the poor over insane after they have been certified as such. 13. The whole to be under competent State supervision and to be maintained by the State by means of a general State tax levied for that specific purpose.

So far as concerns the dependent insane, if not cared for in State hospitals, they would have to be kept at home or removed to a poorhouse — in either event their maintenance would be a public charge. They can not support themselves, and the sooner they are taken to a hospital for treatment, the greater will be the chance of their recovery and restoration to the ranks of producers, or self-supporting wage earners, while the danger to the public safety through their violence, and of the distress caused by their presence in families ends at once.

Another element enters into the discussion of this subject. For many years the courts have gradually relaxed the rule that used to obtain in regard to admission of insane persons into State hospitals. Formerly only such cases were sent as were violent, destructive or dangerous. Now the courts appreciate the fact that a large class of cases, while not actually dangerous in the sense of being destructive to life or property, yet ought to have curative treatment in a hospital, and that such treatment applied in the early stages of their disease may check or eradicate ten-

Comparative Cost of County and State Care.

dencies to its more violent and dangerous phases. The whole question here resolves itself into one of ultimate economy to the State — whether it is better that these people should be cared for in hospitals where opportunity for recovery will be greatest while that for endangering life or property, for destroying themselves, and for causing loss and anxiety to their friends will be reduced to a minimum, or whether they shall be left in families, with all the loss, disturbance, danger and damage which may be occasioned thereby.

The per capita cost of maintenance of the insane in the State, with its high standard of care, is now only \$187 per year; but it must be borne in mind that a very large part, probably one-third, of this expense is for the employment of officers and other persons needed to ensure proper care and treatment for these patients. The same number of sane persons could be cared for with only a fraction of the number of employees required to care for the insane. Comparison of the cost of maintenance in other public institutions, notably the soldiers' homes throughout the country, shows that relatively the cost is much higher than for maintenance of the insane, especially when the number of physicians and employees required for the latter be taken into account. Moreover, the hospitals for the insane are now in a large degree hospitals, in fact, as well as name; great numbers of the insane are constantly undergoing hospital treatment, requiring expensive medication, nursing, special diet, etc. The ratio of attendants, too, must be considered. In this State the ratio averages now, one attendant to seven patients, a ratio which is as high if not higher than that of many other States.

CHAPTER 21.

REIMBURSING PATIENTS.

When the State Care Act went into operation it was found that there was a large number of patients who were being supported at public expense in the various institutions, and who were themselves possessed of sufficient means therefor or whose friends were legally liable for their support. It also appeared that there was a considerable number of patients whose friends, while not liable, were willing to contribute to the cost of their maintenance. In view of the fact that under the new conditions county authorities no longer had any direct interest in securing reimbursement from this class of patients, it became necessary to devise some method by which the financial circumstances of such cases could be ascertained and the interests of the State, so far as it relates to them, be properly protected. Pursuant to a recommendation by it provision was made in chapter 214, Laws of 1893, whereby the commission is empowered to appoint agents whose duty it shall be to inquire into the pecuniary circumstances of patients admitted to the State hospitals on public orders as well as those of their relatives. Under the provisions of this act five of such agents have been appointed, and as a direct result of the action of the commission in this matter the State treasury derived from this source during the two years that it has been in operation, an average of \$57,000 per year at a cost for collection of about \$6,000 per year.

By a system of records in the office of the commission, showing the dependent insane by townships throughout the State, it is now possible to determine in each case to what extent, if any, the patient or his friends are able to reimburse the State for his maintenance without pecuniary hardship to him or to them.

CHAPTER 22.

ALIEN AND NON-RESIDENT PATIENTS.

Under chapter 214 of the Laws of 1893, and chapter 693 of the Laws of 1895, the duty was devolved upon the commission of removing from the State alien or non-resident patients either before or after admission to State hospitals. This work formerly belonged to the State Board of Charities, but inasmuch as the amended Constitution removed the insane from under the jurisdiction of that board, the propriety of transferring this function to the State Commission in Lunacy, which now has exclusive jurisdiction over the insane, became apparent. During the past year the commission has caused the removal of thirty-three insane residents of other States or countries at a total cost of \$1,933.96. The gain to the State as a result of the operation of this statute is too manifest to need more than a passing notice. There is a very considerable immediate gain in the matter of maintenance, since the average duration of insane life in institutions is estimated at twelve years, and as the present average annual cost of maintenance is \$187, the total in each case would be \$2,224, but a still greater gain arises in connection with the matter of accommodations. Even with the State Care Act limitation of \$550 for each patient, including cost of furniture with that of construction, the resultant saving from deportation of each patient equals that very considerable sum. Hence to get at the actual gain to the State from the deportation of the patients thus removed in 1894-95, the cost may be stated as follows: Thirty-three patients removed; cost of maintenance, \$187 per annum; average duration of institutional life of insane, twelve years, \$74.052; cost of accommodations, thirty-three patients, at \$550 per capita, \$18,150, an aggregate gain by reason of deportation of these thirty-three patients of

Alien and Non-resident Patients.

\$92,202; cost of deportation, \$1,933.96; net gain to the State, \$90,268.04.

Furthermore, it may be said that the State will derive a greater gain from the fact of its being known in other States and countries that painstaking efforts are made to promptly remove alien and nonresident insane from our hospitals, a procedure which tends to break up a practice which has heretofore prevailed to a greater or less extent of surreptitiously importing to this State insane persons who had no legal settlement within its borders. How far this practice, which prevailed prior to the enactment of the State Care Act, affected the apparent increase in the number of the insane can not be definitely determined; but probably it did so to a considerable extent.

CHAPTER 23.

MATTEAWAN STATE HOSPITAL.

The commission would again recur to the urgent necessity of providing additional accommodations for the convict insane now cared for at the Matteawan State Hospital. Under the operation of the State Care Act, the increased demand for room at the State hospitals has necessitated the removal from those institutions to the Matteawan State Hospital for Insane Criminals of all patients held in the former under criminal orders, that is, persons charged with crime, but who have escaped trial or conviction on the ground of insanity. The transfer of these patients to Matteawan, in addition to the admissions to that hospital, through the ordinary channels, has made such extraordinary demands upon its accommodations as to urgently call for immediate relief.

The Matteawan institution is filled with patients to its full capacity, and it is obviously very undesirable and improper, if not actually unsafe, to keep under one roof the two classes received at this institution, viz., those sent upon court orders before conviction and those sent from penal institutions after conviction. This practice began when the number of criminal insane in the State was small, and when, because of the cost, it was not expedient to establish two institutions, one for each class. Furthermore, at that time, the commingling of the two classes was not regarded as objectionable. Originally the Matteawan State Hospital, at first known as the State Asylum for Insane Criminals and located at Auburn, was designed to care for insane convicts. As the number of insane increased in the State and the prison population enlarged, cases sent by the courts on criminal orders also increased, and it became imperatively necessary to extend the accommodations for the criminal insane. It was impossible to find room for such a purpose on the State's land

Matteawan State Hospital.

at Auburn, and hence the site for a new hospital was selected and secured, and buildings to accommodate 550 patients were erected at Matteawan by a commission appointed for the purpose.

Of all classes of insane persons the convict insane are the most difficult and dangerous to control. They retain in full force the same almost instinctive longing to escape which possessed them while in prison, and often their insanity seems rather to intensify than to restrain this dominant idea; whereas, the class of patients held on court orders are, generally speaking, no more difficult to control than are the ordinary insane. But while this is true, the same repressive measures that are used against convicts in prison can not be applied to insane convicts, whereby violence toward an insane person is necessarily implied. Many of the convict insane are well aware of this, and they take advantage of it whenever opportunity arises. With the Matteawan Hospital already filled even beyond its proper capacity, the need of separating the two classes is all the greater; it is absolute, and the demand for relief is a crying one. The Matteawan Hospital should be reserved for the criminal order cases and for dangerous, violent lunatics of homicidal tendencies, who can not be suitably cared for in the other State hospitals, while a hospital for the convict insane should be provided elsewhere, preferably on the grounds of one of the State prisons. The commission would, therefore, strongly recommend as the most feasible and desirable method of relief, the erection, on the grounds of Clinton prison, at Dannemora, of a suitable building for the exclusive custody and treatment of the convict insane. By extending the steam, water and lighting plants of the prison, and by utilizing convict labor in the construction of the building, as well as in quarrying and dressing the stone, of which ample quantities are to be had on the premises, it could be erected at comparatively small cost, as it need not have all the costly outfit which usually attends the erection and organization of an entirely separate State hospital. It is important that a beginning toward this highly necessary measure should be made during the present year, and a sufficient appropriation for that purpose should be made.

CHAPTER 24.

HOSPITAL LIBRARIES.

The value and importance of having a liberal amount and variety of reading matter for the insane has long been recognized. Under the State care system money is available for the purpose, without the necessity of asking the Legislature for specific sums in the annual supply bill. While the usefulness of libraries for the insane is apparent, the task of proper selection is one involving much detail and care; and accordingly, following up a suggestion made by the commission and approved at a conference of superintendents, it would advise legislation whereby the libraries of all the State hospitals be placed under charge of the Board of Regents, which now maintain a system of "traveling libraries" under the direction of specially trained agents. If such a system were applied to the hospitals the Board of Regents would have control of the libraries and be responsible for their care and keeping. It would also be possible, then, for the hospitals to exchange libraries and thus give the patients of all an opportunity to enjoy a much more extensive and diversified range of reading than would otherwise be available. A still greater gain, however, would come from having the hospital libraries under the charge of officials experienced in library work, who, after becoming familiar with the conditions and needs of the several hospitals in respect to reading matter, could supply deficiencies wherever they might be found, by means of transfers of such books as would best serve the purpose. The commission is informed that the Board of Regents is willing to assume this work if the needed legislation be had.

CHAPTER 25.

Review of State Hospitals—Special Reports of Superintendents.

General Operation.

1. State generally the operations of the hospital for the fiscal year ending September 30, 1895, giving the number and kind of buildings erected or completed during the fiscal year, or now in course of erection, the extraordinary repairs to buildings, and other important improvements begun or completed during the year. Also mention any new features in methods of management, or in the medical or moral treatment of patients, together with a general review of the results of the year.

UTICA STATE HOSPITAL.

A new boiler-house is being erected and the work on it is progressing rapidly. It will be ready before the close of the winter for the four new boilers for which an appropriation was asked last year.

Among extraordinary repairs made within the year may be mentioned the taking down of the old greenhouse and thus greatly improving the outlook for some of the women's wards, and repairing the palm-house. The addition of the potting-room was also made.

The horse-barn has been remodeled so as to make more box-stalls, and the old cow-barn has been fitted up with box-stalls and converted into a stable for farm horses. The old silo has been converted into a feed room and granery.

The roads, grounds and walks have been greatly improved by the laying of gravel, paving with sandstone, and laying stone flaggings.

Review of State Hospitals—Special Reports of Superintendents.

Steel ceilings have been placed in the three congregate dining-rooms of the women's division, and in ward 7 of the men's department.

The lavatories of wards 6 and 10, of the men's division, have been greatly improved by tile wainscoting and new plumbing.

The scullery of the infirmary has been provided with a tile floor.

The ice-house, which had long been in a dangerous condition, has had two of its walls rebuilt.

Two large ventilators have been placed in the hay barn, and a brick shelter provided for the agricultural engine.

A large toboggan slide for the use of patients was erected on the farm.

All the locks in the woman's infirmary have been changed so as to make them uniform with those in the main division.

The old windows have been replaced by new ones in ward 24.

The wash-house was improved by the addition of four new washing machines, provided by the Troy Laundry Machinery Company, and the drying yard by the placing of five hundred feet of plank walk.

A 15-inch crank shaper has added greatly to the efficiency of the mechanical department.

All of the stand-pipes have been connected with the hydrant system.

For the industrial department the following has been bought: A Gordon printing press, two stocking machines, and electric motors for the tailor-shop; additions have also been made to the comb-making plant.

Seventy-five indirect pin radiators in the basement have been taken down, thoroughly cleaned and replaced, and the steam plant has been modernized in other directions.

Seven hundred feet of pipe have been covered.

The bath-rooms of the infirmary have been reconstructed.

A new Bramhall Deane range has been placed in the men's kitchen.

Out of the allotment for furniture, carpets, chairs and pictures have been bought for the wards.

Review of State Hospitals—Special Reports of Superintendents.

In the electrical department, the switch-board has been improved by the addition of a Weston voltmeter and by the substitution of two Carpenter rheostats in place of the old wooden frame rheostats. Some beneficial changes have also been made in the case of the ampere meters on the board.

The old and new horse barns, bakery, bookbindery, printing office, mat-shop, and mortar-house are now connected to new feeder wires in the cellar and each is supplied with suitable protecting fuse-blocks, and the old and somewhat inaccessible feeders have been removed. In new work, so far as possible, independent lines have been avoided and small switch circuits adopted, and the lines themselves placed beyond ordinary interference. The lower carbon-holders of all the arc lamps have been remodeled to considerable advantage.

The house telephone system has been somewhat extended and is standing the time test well.

The tinsmith has been active in his department, making new ware and keeping the roofs in repair.

In the upholstering department, which is the patient's workshop, a large amount of manufacturing and repairing has been done. Brooms, brushes, mats, combs, shoes and stockings have been made, not only in quantity sufficient to supply our own needs, but in many cases other hospitals in the service have been supplied from our shops.

The operation of the printing office and bookbindery have been more extensive than ever before, and to the industries carried on in that department has been added that of paper box-making.

On the first day of October, 1894, being the beginning of the fiscal year, there were 999 patients on the books. Of these, 487 were men, and 512 women. The admissions were: Men, 260; women, 134; total, 394. Of this number, fifteen were readmissions after discharge during the year.

The highest number under treatment on any one day was 1,052; the lowest, 932. The daily average under treatment was 1,004; the whole number treated, 1,393.

Review of State Hospitals—Special Reports of Superintendents.

There were discharged during the year, including deaths, 401 patients, of whom 277 were men, and 124 women. Recovered, 94; improved, 42; unimproved, 162; not insane, 5; died, 98.

Census, September 30, 1895: Men, 470; women, 522; total, 992.

WILLARD STATE HOSPITAL.

Owing to the destruction by fire on April 28, 1895, of the laundry, bakery, boiler-house, engine-room, mattress and shoe shops and matron's and tailor's sewing-rooms and offices, the summer has been mainly occupied in reconstructing these departments. A new laundry building detached from the buildings for patients is nearly completed, and, being built with special reference to the needs of an institution of this size, it is expected to prove much more satisfactory in operation than the old laundry. In order to obtain heat and power and secure proper drainage for this building it was necessary to enlarge the boiler-house at detached building No. 2, add a chimney one hundred feet in height, build a conduit from the boiler-house to the laundry building and lay a sewer to the lake.

A brick building for storage purposes and shops is being erected immediately in the rear of the main building, very near the site of the old laundry, but sufficiently detached from the other buildings to avoid danger in case of fire. The bakery and boiler-house are being rebuilt, and at the same time considerably enlarged, so that they will prove far superior to the buildings which they replace.

The steel riveted suction pipe, which had proved unsatisfactory, being unable to withstand the storms of winter, was, during the summer, replaced by 800 feet of heavy cast-iron pipe which, with the 400 feet of the same already in use, gives us an intake from a point 1,200 feet from the shore, and insures a plentiful supply of pure water at all times. At detached buildings Nos. 1 and 3 outside shoe-rooms have been built, with ample capacity for the shoes and slippers of all the patients, thereby removing from the wards a source of bad odors and at the same time obtaining, at a very moderate cost, sleeping-rooms for sixteen additional patients.

Review of State Hospitals—Special Reports of Superintendents.

The bath-rooms and water-closets at detached building No. 3 have been tiled, spray baths are to be placed in each bath-room in lieu of the old tubs removed, and new fixtures are to be supplied for the water-closets. A great deal of work was done at detached buildings Nos. 2 and 4, repairing dilapidated walls and foundations. At the branch damaged walls were also put in good condition and storm doors constructed, and at the infirmary new porches were built. The wards in detached building No. 4 have been painted and improved generally, a plentiful supply of pictures being at the same time provided, and in a number of the wards of the main building work of a similar nature has been performed. Numerous steel ceilings have been erected and old hard-wood floors have been made as good as new by planing and dressing with shellac, etc. The old chapel has been converted into sleeping-rooms for female attendants, and the old Assembly Hall is nearly ready for occupancy for a similar purpose by male attendants. The main reservoir has been thoroughly cleaned, grouted and cemented, and provision made by means of a pipe at one corner for annual emptying and cleansing. A great deal of fencing on the farm has been painted, and a long line of new fence built.

In addition to the above, which comprise the principal operations of the year, much work of a minor character has been performed.

Movement of population.

	Men.	Women.	Total.
Remaining October 1, 1894.....	1,015	1,150	2,165
Admitted during the year ending September 30, 1895..	153	195	348
Total number under treatment during the year ...	1,168	1,345	2,513
Average daily population	1,033	1,155	2,188
Capacity of institution.....	1,000	1,100	2,100
Discharged during the year:			
As recovered	26	35	61
As not recovered.....	45	63	108
Died	69	74	143
Whole number discharged during year.....	140	172	312
Remaining October 1, 1895.....	1,028	1,173	2,201

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

The following additions and buildings were begun during the year ending September 30, 1895:

A laboratory and mortuary.

A dining-room for convalescent men.

A sitting-room for infirm women.

A summer house for infirm men.

A cottage for attendants and other employes.

Small additions to each cottage for toilet uses, and the installation of plumbing in the same.

Among the extraordinary repairs may be mentioned the complete renovation and refurnishing of wards two and six in the main building, and the two large wards for the better class of men in the men's department. Cottage No. 2 is now receiving a general renovation. There will be new floors and new steel ceilings and the whole building will be painted and made cheerful.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Table showing movements of population for the year ending September 30, 1895.

	Men.	Women.	Total.
Remaining October 1, 1894.....	520	527	1,047
Admitted during the year ending September 30, 1895.....	146	132	278
Total number under treatment during year.....	666	659	1,325
Daily average population.....	539 ²² / ₃₆₅	558 ²⁷ / ₃₆₅	1,097 ¹¹⁹ / ₃₆₅
Capacity of institution.....	500	510	1,010
Discharged during the year:			
As recovered	48	58	106
As not recovered	12	8	20
As not insane.....	*1	†1	2
Died	51	31	82
Whole number discharged during the year	112	98	210
Remaining October 1, 1895.....	554	561	1,115

The foregoing table shows the whole number of patients treated at this hospital, and the general results obtained; also, it gives

Review of State Hospitals — Special Reports of Superintendents.

the number of patients in the hospital at the close of the fiscal year which terminated September 30, 1895.

(1) A large hay and cattle barn is in process of construction.

(2) A contract has been entered into with Boughton & Terwilliger, of New York, for quartered-oak paneled floors to be laid in the halls, day-rooms and dining-rooms of pavilions No. 1 and 2. This will be an important improvement when completed, as the old, dark, splintered and unsightly floors will then be covered and hidden by beautiful oak panels of appropriate patterns.

(3) During the past year the most modern hospital methods have been steadily employed in behalf of the sick insane. The more nearly an insane person is treated like a patient suffering with any form of disease in a general hospital, the more satisfactory will, probably, be the result.

The matter of diet for the insane has received considerable attention, and we have come to the conclusion that the enfeebled insane, and those suffering with acute diseases, and patients who are worn and exhausted in body as well as enfeebled in mind, are best treated by the use of hot, liquid food. We give hot milk, Mellin's food, and bovine mixed. Also, we use hot milk and eggs, hot beef tea, and hot soups prepared from every kind of nourishing material that is attainable. If solid food is desirable, then toasted bread is a digestible and satisfactory adjunct.

During the past year we have established a ward that is especially adapted to the care of the epileptic insane. In that ward the radiators and bedsteads, and everything against which an epileptic may plunge and injure himself, have been padded or covered with thick soft blankets. The result in this ward has been a much diminished death rate, and a smaller number of accidents than formerly obtained when the patients were at large upon a general ward.

The work of training the young for the duties of the nurse has been continued by lectures, and by clinical instructions from the various members of the medical staff.

Review of State Hospitals—Special Reports of Superintendents.

We regard rest for the sick and enfeebled, and good nursing, and suitable diet properly administered, as among the prime, leading and valuable factors in the care and cure of the insane.

We have now under our care a considerable proportion of patients who are chronic and probably unrecoverable, and this certainly militates against a good recovery rate. Nevertheless, we have secured the usual results in the treatment of the acute cases which have been committed to our charge.

BUFFALO STATE HOSPITAL.

The hospital has received during the year 436 patients; has discharged 291; has had a total of 1,160 under treatment. The service has been extremely active, many of the patients being very acute cases. The ward "G" building, consisting of wards sixteen, seventeen and eighteen, accommodating 170 patients, was completed in March last, and occupied; also the ward kitchen and bakery for the westerly wing of the hospital were completed and occupied, and are in successful running operation. There is also being completed a new coal shed, to cost \$5,743.85; this amount being allowed by the State Commission in Lunacy under provision of chapter 693 of the Laws of 1895.

Buildings H, I and J, consisting of five new wards, are in process of erection, and are nearing completion. Although originally intended for 250 patients, yet by certain changes in the upper wards (changes which did not affect the outward appearance or the symmetrical correspondence with the easterly wing) it is hoped to accommodate more. These buildings, from present progress, will probably be completed before the contract time, December 15th. When occupied, the hospital will then accommodate comfortably at least 1,000 patients.

An iron fence has been built from the administration building, both in an easterly and westerly direction, to Forest avenue, thus rendering the recreation grounds of the patients more secluded.

Considerable has been done in the way of planting trees and shrubbery, and in laying out walks and roads. Much grading,

Review of State Ho-pitals—Special Reports of Superintendents.

however, is still necessary, that could not be completed during the year, owing to the building operations then going on upon the grounds.

Four new boilers (175 horse-power each) of the Fitzgibbons vertical marine type have been purchased and are being installed in the boiler-room. This battery of boilers, added to those already in use, it is believed, will be sufficient to heat the entire hospital when completed, and probably the proposed infirmary building as well.

There are no marked changes in methods of management or in medical or moral treatment of patients. Efforts toward the more thorough and better training of attendants, however, have been actively made, and more attention paid by the medical staff to the individual treatment of the insane. The subject of auto-intoxication, especially in newly admitted cases and in epileptics, has received much attention on the part of the medical staff, with favorable results from appropriate treatment.

BINGHAMTON STATE HOSPITAL.

The general health of the hospital during the year has been unusually good, both patients and employes have been free from epidemics, and it is with great satisfaction that we record our immunity from casualties of every kind. Suicidal, homicidal and incendiary tendencies have been factors in the complex array of symptoms that many of our cases have exhibited, and that no serious accident has happened with so large a population, can not but be regarded as a pleasing testimonial to the faithfulness and tireless watchfulness of those who have been charged with the personal care of the 1,200 insane persons within the hospital wards.

The open-door system of caring for patients has been still more generally adopted, and offenses against regulations or discipline have been of such a minor character as to offer no valid argument against the system. During the summer patients have been allowed almost daily permission to visit the city, and these little

Review of State Hospitals — Special Reports of Superintendents.

outings have contributed greatly to their comfort and contentment, and undoubtedly to recovery in some instances.

The arrangement of the medical service has been such as to secure the largest possible degree of individualized treatment for every patient, and to accomplish this end the physicians have regularly made from two to four visits to each ward daily. We have aimed to make use of every available means of treatment, medical, surgical and hygienic, to relieve the sufferings of the unfortunate people under our care, and it is with great satisfaction that we record an unusually large number restored to health during the year.

The enactment of chapter 172 of the Laws of 1895 has proved a boon to our patients, as it has enabled many of them to return home as soon as mental poise was re-established, whereas under the old law they could not be legally discharged without the formal action of the board of trustees at a meeting with a quorum present. The return home at just the right time is often the flood-tide in a patient's career, when a false step in treatment may result in irremedial madness. Under the wise provisions of this law we have sent home many patients who were convalescing, and in no instance have we had occasion to regret doing so. The old law requiring a bond "guaranteeing peaceable behavior, safe custody and comfortable maintenance," often relieved a superintendent of some responsibility in cases where recovery could not be certified, but it was a constant menace to the health of the patients, and its repeal has been an undisguised blessing.

The training school for nurses is yearly becoming more and more a feature of the hospital, and although no formal graduation exercises are held we now have a large number of men and women who are in every sense of the word trained nurses. They have a keen appreciation of their responsibilities and perform their duties with patience and fidelity. The course of instruction in the training school consists of both lectures and recitations and each member of the medical staff gives liberally of his time and labor to make the course thorough and practical.

Review of State Hospitals—Special Reports of Superintendents.

The operation of the hospital under the State care law has been highly satisfactory. Difficulties incident to the experimental stage of a new system have disappeared and the friction which at one time threatened serious complications has entirely subsided. The new financial scheme inaugurated by the State Commission in Lunacy has been found not only practical but much more systematic and convenient than the method previously in use. The great powers vested in the commission under the new law have been wisely exercised and it is pleasing to be able to record that many of the supplies that the hospital has obtained under the estimate system have been superior in quality to articles of a similar kind previously used. This has been notably so with such articles as beef, butter and sugar. During the entire year have used none but Chicago dressed beef in carcasses of not less than 600 pounds and of the best quality. Our butter has been made by the separator process and has been purchased directly from the best creameries. The use of brown sugar has been entirely discarded and in its place only white granulated sugar is now used. With our cold storage building equipped with refrigerating apparatus enabling us to keep the meat rooms near the freezing point, the butter room at a much lower temperature, and the fruit rooms at any desired degree of cold, we have been able to preserve perishable provisions and to save considerable money by purchasing when prices were low.

Notwithstanding an extremely dry season the hospital farms and gardens have been very productive. The tables have been well supplied with fresh vegetables in season, and the cellars are now stored with potatoes, cabbage, turnips, pumpkins and squash sufficient to last through the entire winter. The cultivation of these crops has as usual occupied a large number of patients with out-door work and they have all enjoyed better health in consequence of the exercise they have taken in this manner than would have been possible had they been more closely confined in doors.

On our lawns and roadways a great deal of work has been done. The ball ground southwest of the main building has been hand-

Review of State Hospitals—Special Reports of Superintendents.

somely graded and seeded and is now one of the most attractive places on the premises. The main approach to the hospital from the direction of Court street has been widened and raised several feet as it curves around the ball ground, and the principal drive from the rear running into it on the south side of the main building has been laid out on a better course with a more uniform grade. This drive passes the new greenhouse, the site of the new entertainment building and directly in front of the reconstructed east and north buildings.

In August a steam road roller was purchased and has been satisfactorily used on the roadway along the electric car line. The roller weighs 27,000 pounds, and this great weight rolled to and fro over the broken stone of which the road is made soon renders it a hard smooth mass almost equal to asphalt pavement.

At the river the coal trestle has been completed and the road-bed graded ready for the rails. This improvement will afford the facilities that have long been needed to care for the great quantities of coal that are annually consumed in our furnaces.

The carpenters, masons and other mechanics have been fully occupied with repairs and new construction. Their most important work has been the conversion of the lower ward of the north wing of the main building into a large dining-room, and the refitting of ward 6 with new floors, ceilings and decorations.

A substantial picket fence has been erected along the south side of the hospital premises where the Erie railroad tracks run near some of the buildings occupied by patients. This protection greatly lessens the danger of accidents from passing trains.

Plans for the enlargement and improvement of the north and east buildings and for the erection of a mortuary have been prepared and contracts awarded for the work. The additions to the north and east buildings will greatly improve their appearance besides giving increased accommodations to the extent of nearly 100 persons. The plans for the entertainment building have been prepared, but owing to delay in getting the specifications printed the contract has not yet been awarded. The old greenhouse has

Review of State Hospitals—Special Reports of Superintendents.

been removed to a site about 100 yards south of the bakery and the new one has been practically completed.

Our shops have been a prolific source of occupation. The principal articles made have been brooms, both large and small, brushes of every variety, floor rugs of several kinds, upholstering, cane-seating chairs, mattress and basket-making. In the shoe shop boots, shoes and slippers for men, and shoes, gaiters and slippers for women; and in the tailors' shop all the garments for patients and the uniforms for men have been made. In these departments a large number of patients have found daily occupation of an agreeable kind. The tailors' shop and sewing-room and the shoe shop have recently been removed to larger quarters in a building near the farmer's cottage formerly used for storage.

There were under treatment October 1, 1894, 1,219 patients, 547 of whom were men and 672 women. There were admitted during the year 118 men and 100 women, and there were discharged 111 men and 100 women, leaving in the hospital September 30, 1895, 1,226 patients, of whom 554 were men and 672 were women. Of those discharged, sixty-one (thirty-three men and twenty-eight women) went home recovered; forty-two were improved; twenty-six were unimproved, and eighty-two died. The whole number treated was 1,437, and the average daily population was 1,222.

ST. LAWRENCE STATE HOSPITAL.

During the fiscal year ending September 30, 1895, there were completed and occupied convalescent cottage west, and the two one-story buildings for disturbed patients, in the central hospital group; also there was completed a building for employes; an addition to the laundry, and a continuation of the high pressure steam system to the laundry, and electric wiring for power; a building for fire department purposes was commenced and has since been erected, although not completed; the recreation building was commenced before the close of the year; the propagating house at the garden cottage was completed; a storehouse and station for the trolley railroad was erected and completed; there was constructed

Review of State Hospitals—Special Reports of Superintendents.

more than one mile of macadam road, and the completion of other macadam roads begun the previous year was effected. A large amount of grading was done during the year.

There are no particular features in methods of management that are new, although there are some improvements in organization, by an increase of the medical staff, permitting the carrying out of the hospital feature of management in greater degree than formerly.

ROCHESTER STATE HOSPITAL.

No new buildings for occupancy by patients were erected during the year. A stable and a greenhouse have been completed. The reconstruction of the rear-centre, destroyed by fire, has been completed, providing a new electric light plant, bakery, kitchen, associate dining-rooms and an amusement hall. A new laundry has been erected and equipped. The boiler-house, which was practically destroyed at the time of the fire, has been rebuilt. South avenue, in front of the hospital property, has been graded and paved with trap-rock macadam. An eight-inch water main with hydrants has been laid, in the form of a loop, around the hospital buildings.

Methods of management have been materially changed to accord with the action of the Legislature relative to special appropriations. No special appropriations being made for the hospital, the needs of the institution are referred to the Commission in Lunacy.

During the year 196 patients were admitted; the daily average population of the hospital was 461; there have been fifty-five deaths. Of the 151 patients discharged, thirty had recovered. At the close of the fiscal year there remained in the hospital, 479 patients — 236 men and 243 women.

MATTEAWAN STATE HOSPITAL.

During the fiscal year ending September 30, 1895, there were no new buildings erected or completed at the Matteawan State Hospital, and none are now in course of construction. The work of cementing the basements of the hospital was carried on chiefly

Review of State Hospitals — Special Reports of Superintendents.

through the labor of patients, and has now been completed, and the entire basement cemented. The main conduits for the hot water returns from the steam heating apparatus have been covered with heavy stone flagging, and all the interior foundation walls comprising several thousand square yards, repointed, put in complete order and thoroughly whitewashed.

In the way of permanent farm improvements, we have continued the laying of tile drains through the low lands, and have covered 5,550 feet of agricultural tiling, and in addition, excavated 9,550 feet of open drains.

The wards and various departments have been equipped with a system of interior telephones connecting the central medical office and the office of the superintendent by means of electric call bells and telephone stations with all the departments of the house.

A large amount of grading has been done almost wholly through patients' labor, and this work to the south and west has been completed. There still remains much to be done in this direction to the northwest and east.

The amount of money appropriated for the purpose of extending the light down the main roadway used as an approach from the village to the administration building was not sufficient to complete the work, but lights have been extended for a distance of 1,575 feet, and our interior wiring placed in better order.

An encaustic tile flooring has been laid in the dynamo room and the foundations of the engines and dynamos margined with glazed tiling to prevent absorption of oil from the machinery.

We have erected an engine in the machinists' shop, and have purchased a large pipe-cutting machine, a drill press, an iron lathe, emery wheel and grindstone, a wood lathe, a novelty wood worker, together with necessary shafting and pulleys, with which we have equipped the carpenters' and machinists' shops, and furnished them with connections to run by steam power.

The water-closets in the airing courts have been completed.

Drinking fountains have also been erected in each airing court.

During the year we have planed all flooring throughout the whole extent of the hospital buildings, reduced the surface to a

Review of State Hospitals—Special Reports of Superintendents.

smooth finish, dressed the wood thus prepared with a filler, and applied two coats of varnish. This work was also almost entirely accomplished by patients' labor.

Iron transoms and window guards have been placed about the hospital at various places heretofore insecure.

The main roadbed, for a distance of 3,945 feet, has been reduced to a true grade by the labor of inmates, from sixty to eighty patients having been daily employed in this work, and we have built, with the same labor, 2,505 feet of Telford road, thoroughly underdrained by trenches filled with stone.

Sixteen milch cows have been added to our herd.

We have purchased a stone crusher and established a very efficient plant.

In connection with the extension of the road-lights, we have laid 2,316 feet of underground conduit for the distribution of the electric light and telephone wires in the near vicinity of the hospital. A new switch board has been erected in the dynamo-room.

Two rooms in the third story of the administration building have been converted into living rooms and furnished to provide for increase in clerical force.

A flooring has been laid over the laundry to provide quarters for a tailor shop and sewing-room. In order to properly complete the work it will be necessary to raise the roof.

An extension forty-eight feet in length has been added to the piggeries to accommodate more stock.

The old barns near the farm-house have been pulled down, and the grounds about them graded. The material has been utilized in other work.

We have constructed a wall in the airing court by adding to the interior face of the long corridor, in order to provide for a greater security of the inmates. All the transoms and portions of several windows where it was considered necessary, have been covered with heavy wire screens which have been framed in the walls, and the long rain-water conductor pipes sheathed with galvanized iron to prevent their being scaled by patients.

Review of State Hospitals—Special Reports of Superintendents.

One very important result of the year's experience has been an increase in numbers which has embarrassed the administration of this hospital already, and calls for immediate provision for relief. The total capacity of the institution is 550 patients. Every ward is now occupied except that portion of the building which is temporarily in use as a sewing-room, and which will be relinquished as soon as new quarters can be provided. At present many of the wards are overcrowded. For an extended report on this subject, reference is made to the annual report of the Hon. Austin Lathrop, manager of this institution.

2. Give, separately, the amounts and purposes of legislative appropriations made for the hospital for the fiscal year ending September 30, 1895, and the amount expended under each; also the amounts and purposes of moneys apportioned to the hospital by the commission, under chapter 693, Laws of 1895, for new buildings, extraordinary repairs and improvements, equipment, furniture, etc., and the total sum of such apportionments, together with the amount expended under each during the fiscal year.

UTICA STATE HOSPITAL.

There was no legislative appropriation made for the hospital during the fiscal year. The following is a statement of the amounts and purposes of moneys apportioned to the hospital by the commission, under chapter 693, Laws of 1895:

Furniture and renewals to same.....	\$2,000 00
Electric motor for sewing-machines.....	250 00
Tile floors in water-closets of wards 6 and 10.....	344 00
Tile floor in scullery.....	180 00
Steel ceilings.....	810 00
Laundry machinery.....	1,550 00
Extraordinary repairs, renewals and betterments..	3,000 00
Knitting machine and stock.....	345 00

Review of State Hospitals—Special Reports of Superintendents.

Veranda	\$3,000 00
Rebanking walls of ice-house; work to be done by hospital on estimates.	800 00
Boiler-house.	6,000 00
Gordon press.	415 00
Crank shaper.	290 00
Line fence on York street.	1,600 00
Stone pavement and flagging.	935 00
Victor automatic knitting machine.	235 00
Total.	<u>\$21,754 00</u>

The following amounts have been expended under the foregoing allotments during the fiscal year:

Extraordinary repairs, renewals and betterments.	\$507 07
Crank shaper.	274 55
Furniture and renewals to same.	332 99
Total.	<u>\$1,114 61</u>

WILLARD STATE HOSPITAL.

Legislative Appropriations.

	Amount of appropriation.	Amount expended.
Cleaning and repairing reservoirs.	\$4,000 00	\$3,974 76
Repairs to foundation walls of buildings Nos. 2 and 4.	3,400 00	3,028 60
Repairs to inside walls, plastering, painting, etc.	3,000 00	2,176 87
Steam pipe covering	2,000 00	1,560 85
Outside shoe rooms	1,000 00	979 94
Hot water heater and steam coils in laundry.	1,300 00	1,009 43
Steel ceilings.	1,000 00	961 69
Repairing damaged roofs and walls of storm doors at branch.	1,000 00	991 72
Farm fences.	900 00	699 07
Tile floors for buildings No. 3.	700 00	583 90
Water closets and lavatory for administration building	500 00	382 50
Repairs to barns.	500 00	380 54
Porticoes.	400 00	316 72
Hospital ward.	100 00	82 75
Heating, lighting and plumbing of the chapel and old Assembly Hall.	1,000 00	953 63

Review of State Hospitals—Special Reports of Superintendents.

Legislative Appropriations—(Concluded).

	Amount of appropriation.	Amount expended.
Electric light fixtures for Hadley Hall for the stage and for two electric light chandeliers.....	\$500 00	\$500 00
Furniture.....	1,500 00	1,497 72
Employment of clergymen.....	1,000 00	1,000 00
Total.....	\$23,800 00	\$21,080 69

Apportionment by State Commission in Lunacy.

Chap. 693. Laws of 1895.

	Apportionment.	Expended.
Railroad rails and ties.....	\$7,500 00	\$362 17
Extraordinary repairs, renewals and betterments..	5,000 00	1,887 66
Draining, cementing and ventilating basements..	5,000 00	.....
Cast-iron suction pipe.....	4,000 00	10 00
Tile floors in various ward water sections.....	2,000 00	448 40
Steel ceilings in twelve wards.....	2,000 00	.....
Cement sidewalks.....	1,000 00	274 16
New cow barns.....	2,000 00	.....
Repairs to dock.....	1,700 00	.....
Erecting and finishing boat-house.....	1,000 00	.....
Fire-escape at north east end of main building....	800 00	.....
Furniture and renewals to same.....	2,500 00	1,078 91
Repairs to horse barns.....	750 00	.....
Relay armature.....	500 00	400 00
Iron gates, posts and fences.....	500 00	.....
Engine lathe and drill press.....	500 00	341 03
General storage building and shops.....	21,222 65	6,054 89
Completing rebuilding Assembly Hall.....	3,120 75	1,523 00
Outside shoe houses, D. B. 1.....	1,046 50	976 50
Rearranging third story of old Assembly Hall....	535 00	.....
Conduit to old Assembly Hall.....	550 00	.....
Toilet room extension to administration building..	350 00	.....
Renewals made necessary by fire.....	.....	16,036 78
Total.....	\$63,578 90	\$29,488 50

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

	Balance of appropriation Oct. 1, 1894.	Expended.
General renewals, repairs and betterments, 1893 ..	\$680 28	\$680 28
New furniture, 1893.....	339 14	339 14
Outside and inside painting of all the buildings...	166 98	166 98
Piano, books and instruments, 1893	256 13	256 13
Renewals and repairs to men's department, 1893...	499 34	499 34
Renewals and repairs, 1894.....	3,140 69	3,140 69
Roads and walks, 1894.....	237 26	137 26
Furniture	151 62	151 62
Library and musical instruments.....	218 09	218 09
Scenery and furniture for amusement hall	89 20	89 20
Electric light plant.....	14,166 23	13,962 36
Cleaning lake at cottages.....	122 60	122 60
Sewerage system for cottages	19,364 94	19,296 50
Fitting up bath rooms with spray baths.....	896 91	605 54
Repairs to steam plant.....	7,638 60	7,247 40
Sunray heaters	132 50	132 50
Repairs to pumping station	1,000 00	1,000 00
Two new hot-water boilers.....	1,244 42	1,244 42
New grate-bars in boilers	1,465 00	775 00
Fire protection for various buildings	139 16	139 16
Steel ceilings.....	1,500 00	1,500 00
Steam plant at men's boiler-house.....	1,000 00	1,000 00
New locks.....	300 00	300 00
Total	\$54,749 09	\$53,004 31

Apportioned by Commission.

Chap. 693, Laws 1895.

	Apportioned.	Expended.
Alterations in bread and sink rooms.....	\$896 40	.....
Fire-proof stairways and tile floors in corridors "C" building	1,242 50	.....
Tile floors and base in corridor from "C" ward to "B" dining-room.....	537 31	.....
Steel ceilings.....	2,000 00	.....
Furniture and scenery for amusement hall and musical instruments	2,000 00	\$325 00
Books and surgical instruments.....	600 00	327 77
General repairs.....	5,000 00	1,183 25
Painting, inside and outside	2,500 00	751 22
Furniture and renewals to furniture	3,000 00	337 60
Repairs to laundry	6,055 00	.....
High pressure boiler for laundry	2,500 00	.....
High pressure boiler for men's boiler-house	2,500 00	.....
Repairs to pump.....	1,500 00	.....
Two hot water boilers	450 00	.....
Renewal of old plumbing	2,500 00	388 00
Electric light fixtures.....	500 00	.....
Plumbing at cottages.....	5,500 00	172 00

Review of State Hospitals—Special Reports of Superintendents.

Apportioned by Commission —(Concluded).

	Apportioned.	Expended.
Cleaning lake at cottages and cleaning reservoir..	\$2,500 00	\$180 00
Painting, repairing and furnishing cottages	2,000 00	.....
Farm and barn equipment	1,500 00	.....
Walks.....	2,400 00	2,040 00
Road making.....	5,250 00	2,608 58
Two large summer houses.....	1,300 00	641 72
Lawn seats.....	300 00	117 00
Steam road roller.....	3,350 00	.....
Mortuary building and equipping.....	4,000 00	.....
Additions and alterations to accommodate 56 patients	30,250 00	50 67
Total	\$92,131 21	\$9,122 81

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

No special appropriations were made by the Legislature for this institution during the past year.

The following allotment of moneys appropriated under chapter 693, Laws of 1895, was made to the Middletown State Homeopathic Hospital:

(a) For new boiler-house, \$10,000, or so much thereof as may be necessary.

(b) New boiler connection, \$3,600, or so much thereof as may be necessary.

(c) Laundry machinery, \$2,000.

(d) New furniture and renewals to same, \$1,500.

(e) General repairs, \$3,000.

(f) New shades for main building and pavilions, \$900.

(g) Oak floors for pavilions, \$6,500; subject to further consideration by the commission.

(h) Forty cows, \$1,600.

(i) One bull, \$50.

(j) Extension of electric-light plant, \$3,000.

(k) New steam pump, \$2,500.

No moneys had been paid out for any of these various improvements up to the 1st of October, 1895, except a partial payment of \$1,071 for the cows and bull.

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

The Legislature, in 1895, made the following reappropriation:

Chap. 651, Laws of New York.

AN ACT to reappropriate the unexpended balance, heretofore appropriated for the completion of the Buffalo State hospital by the provisions of chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four, for the purpose of erecting and equipping an infirmary and an ice-house on the grounds of said State hospital, at Buffalo, New York.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Sixty thousand dollars of the unexpended balance of the appropriation heretofore made by the provisions of chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four, for the completion of the westerly wing of the Buffalo State hospital, after the completion of said wing, as provided in said chapter, is hereby reappropriated, to be expended under the direction of the local board of managers, for the erection and equipment of an infirmary to accommodate one hundred patients; for the installation of a cold-storage plant and for the extension of the coal-house on the grounds of said State hospital, at Buffalo, New York, in accordance with plans and specifications to be approved by the state commissioners in lunacy. No part of said sum so reappropriated shall be expended until a contract or contracts shall have been entered into by the lowest responsible bidder or bidders, after suitable advertisement, for the completion of the work contemplated and the purchase of materials therefor within the limits of said unexpended balance hereby appropriated, except to procure the said plans and specifications as above required.

§ 2. This act shall take effect immediately.

Review of State Hospitals—Special Reports of Superintendents.

Reappropriation of unexpended balance of special appropriation for erection and completion of westerly wing, wards H, I, and J, chapter 358, Laws of 1894.

For infirmary, equipment, etc. (chapter 651 of the

Laws of 1895)..... \$60,000 00

Of this nothing has been expended.

Amounts, apportionments and purposes made by Commission during year ending September 30, 1895,

	Apportionment.	Expended.
For infirmary.....	\$340,000 00	-----
For closets, etc.....	10,420 00	-----
For iron fence.....	2,000 00	-----
For boiler-house and coal shed.....	5,000 00	\$150 00
For new boilers.....	7,000 00	-----
For extraordinary repairs, etc.....	5,000 00	801 30
Furniture and repairs to same.....	1,500 00	722 33
Grounds and walks.....	2,000 00	1,031 70
Total	\$72,920 00	\$2,705 33
Lapsed appropriation (chap. 726, Laws of 1893, and placed under chap. 693, Laws of 1895).....	26,757 60	26,757 60
Total	\$99,677 60	\$29,462 93

BINGHAMTON STATE HOSPITAL.

	Allotment.	Expended.
Green-house.....	\$1,000 00	\$676 77
Coal trestle.....	800 00	361 66
Sidewalks.....	1,000 00	262 50
Extraordinary repairs, renewals and betterments..	5,000 00	534 37
Apartments for employes in bakery building.....	1,000 00	491 73
Steam road roller.....	3,350 00	-----
Mortuary chapel.....	4,000 00	-----
Moving old green-house and hose-house.....	458 93	189 74
Additions and alterations to north and east build- ings.....	41,000 00	-----
Furniture and renewals to same.....	1,500 00	52 70
Plumbing in main building.....	10,000 00	-----
Recreation building.....	35,000 00	-----
Total	\$104,108 93	\$2,569 47

Review of State Hospitals - Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

There were no legislative appropriations made for the hospital directly for the fiscal year ending September 30, 1895. The apportionments to the hospital by the commission, under chapter 693, Laws of 1895, for new buildings, extraordinary repairs, equipment, furniture, etc., were as follows:

	Apportionment.	Expended.
Recreation building.....	\$50,000 00	\$13,229 60
Store house and station.....	6,000 00	3,428 15
Fire department building.....	12,000 00	2,975 00
Extraordinary repairs, betterments and improvements.....	5,000 00	2,590 59
Roads and grading.....	9,100 00	7,388 45
Agricultural drainage and fencing.....	1,500 00	499 96
Water supply to garden cottage.....	2,000 00	1,663 97
Extension to cow barn.....	500 00	241 37
Farm and barn equipment.....	76 50	76 50
Furniture.....	16,500 00	9,538 51
Steel ceilings to replace defective plastered ceilings in the infirmary and group three.....	1,845 00	-----
Finishing employes' building.....	50,000 00	24,408 97
Building superintendent and clerk.....	2,000 00	1,310 00
Fire extinguishing apparatus.....	1,000 00	-----
Mortuary.....	3,500 00	44 55
Two washing machines.....	900 00	-----
Replumbing infirmary.....	2,000 00	-----
Fencing boulevard.....	5,500 00	-----
Green-house.....	3,000 00	-----
Two additional dynamos.....	1,600 00	1,303 54
Total	\$174,021 50	\$68,699 16

ROCHESTER STATE HOSPITAL.

The hospital had no special appropriations during the year ending September 30, 1895. The following amounts were expended from balances left in appropriations of the previous year:

	Balances.	Expended.
Fire fund (chap 42, Laws of 1894).....	\$206 71	\$206 71
Replacing burned departments.....	59,624 65	59,624 65
Total	\$59,831 36	\$59,831 36

Review of State Hospitals—Special Reports of Superintendents.

The following amounts were expended from apportionments by the commission, under chapter 693 of the Laws of 1895:

	Apportionment.	Expended.
Laundry machinery.....	\$1,990 00	.....
Increased water supply.....	2,800 00	.....
Outbuildings.....	1,650 00	.....
Extraordinary repairs, renewals and betterments..	5,000 00	\$208 55
Furniture renewals.....	1,500 00	691 00
Grading and walks.....	2,800 00	103 00
Farming utensils.....	426 00	.....
Stock.....	350 00	250 00
Books for patients' library.....	200 00	.....
Repairs to boilers.....	860 00	.....
Additional plumbing.....	470 00	.....
Medical and surgical appliances.....	636 00	80 00
Ventilating stage of amusement hall.....	100 00	.....
Total	\$18,782 00	\$1,332 55

MATTEAWAN STATE HOSPITAL.

The following items were appropriated for officers' salaries, maintenance and ordinary repairs, for the fiscal year ending September 30, 1895; the expenditures are also shown:

Salaries of Officers.

Appropriation.	\$8,100 00
Expended.	7,847 22

Maintenance and Ordinary Repairs.

Appropriation.	\$50,000 00
Expended.	57,867 19

In addition, special appropriations were made for the following purposes, the amounts of expenditures being also indicated in each case:

Sidewalks and Roadways.

Supply Bill, Chap. 932, Laws of 1895.

Appropriation.	\$1,000 00
Expended.	784 22

Balance on hand September 30, 1895..... \$215 78

Review of State Hospitals—Special Reports of Superintendents.

Outfitting Storerooms and Attendants' Dining-room.

Appropriation.	\$900 00
Balance on hand September 30, 1895.	\$900 00

Additional Milch Cows.

Appropriation.	\$600 00
Expended.	155 00
Balance on hand September 30, 1895.	\$445 00

Stone Crushing Plant.

Appropriation.	\$1,200 00
Balance on hand September 30, 1895.	\$1,200 00

Extension of Light on Roadway, Additional Lighting and Interior Wiring.

Appropriation.	\$2,500 00
Balance on hand September 30, 1895.	\$2,500 00

Water Arches and Grates to Boilers.

Appropriation.	\$1,100 00
Balance on hand September 30, 1895.	\$1,100 00

Cemetery.

Appropriation.	\$500 00
Expended.	1 30
Balance on hand September 30, 1895.	\$498 70

For Sewing-room and Tailor Shop, for Repairing Walls, Dish-washing Machinery and for General Additional Work and Superintendence.

Appropriation.	\$2,100 00
Expended.	1,098 86
Balance on hand September 30, 1895.	\$1,001 14

Review of State Hospitals—Special Reports of Superintendents.

Supplemental Supply Bill, Chap. 1009, Laws 1895.

Construction of a Brick Wall in the Airing Court to Insure Safer Custody of the Inmates.

Appropriation.....	\$2,000 00
Expended.....	1,677 38
	<hr/>
Balance on hand September 30, 1895.....	\$322 62
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3. Give an itemized schedule of the sums required during the fiscal year ending September 30, 1896, stating briefly the necessity of each item in the schedule.

UTICA STATE HOSPITAL.

For reconstructing ward 4 of the male department:
This ward, which is used for the care of refractory patients, has long been in a deplorable condition. It is a one-story building, without basement, and in its present state represents makeshifts of construction which were designed to meet temporary needs of the service. The entire building should be razed and reconstructed on modern lines. Cost..... \$30,000 00

Iron ceilings are needed in the following wards: Nos. 1, 2, 3, 6, 8, 10, 11 and 12; in all 21,202 square feet.
Cost. 2,544 24

The present laundry was built for a population of 600 patients. It ought to be considerably enlarged to meet present necessities. It is especially desired to add a hand laundry for the employment of patients. The proposed (two-story) addition would cost..... 3,600 00

Similarly, the carpenters', plumbers', machinists' and tinsmiths' shops are of insufficient size for actual demands. These shops are one-story buildings. The necessary enlargement could be secured by adding another story. Cost..... 2,666 00

Review of State Hospitals—Special Reports of Superintendents.

Attention has been called in years past to the old rickety sash in wards 1, 2, 3, 6, 7, 8, 10 and 11, of the men's side, and of nearly all the wards on the women's division. Cost	\$2,666 00
For tiling and wainscoting lavatories and water-closets in wards 1, 2, 3, 5, 7, 8, 9, 11 and 12 of the men's department. Cost	1,239 30
As mentioned in last report, new floors, casings, bases, doors and windows, repairs to sidewalks, plastering, etc., are needed in wards 21 and 25. The woodwork in these wards is over fifty years old. Cost	5,000 00
New joists, timbers and new floors are needed in ward 20, to replace those that are decayed and consequently unsafe. Cost	2,000 00
It is desired to construct a brick wall from the boiler-houseyard to the York street entrance, 365 linear feet, and eight feet high over all, stone foundation and cut stone coping. The provision of such wall should enable us to enlarge the territory used as an exercising ground for patients, and at the same time furnish the desirable element of privacy. Cost	1,916 25
For one single and one double iron gate to entrance on York street, and cut stone piers for same. Cost	500 00
A great many flagstones of the sidewalks on York street, Court and Whitesboro streets, as well as those leading to main building, need replacing. Cost	1,200 00
For constructing a ventilator on roof of engine-house. Cost	400 00
For removing decayed joists in the floor of the drying-room and laying new ones, a much needed repair. Cost	500 00
For a bowling alley for patients	450 00

Review of State Hospitals—Special Reports of Superintendents.

For an automatic electric art lamp, "The Pharos," specially designed for the laboratory and lecture-room, to be used for giving stereopticon entertainments for patients.....	\$85 00
For enlarging hen-house.....	400 00
For a tenon machine.....	206 00
For a No. 2½ variety machine.....	187 00
For a patent saw dado.....	35 00

The following are the needs of the engineering department:

For four horizontal tubular boilers, six feet by seventeen feet, with all necessary fixtures.....	\$6,000 00
For resetting two boilers.....	550 00
For mason work and material for setting six boilers...	1,740 00
For a new smoke-stack, to be connected with the new boilers, 110 feet high from water-table line, cast-iron coping.	2,800 00
For an iron smoke-box and pipe for six boilers.....	900 00
For a No. 9 Korting injector.....	105 00
For a No. 4 boiler feed-pump.....	300 00
For removing and resetting pumps.....	200 00
For converting old boilers into water tanks.....	450 00
For the reconstruction of the entire heating apparatus, to make it conform to modern requirements.....	11,551 66
For reconstructing infirmary sewer.....	3,000 00
For repairs to laundry and to provide new machinery.	1,150 00
For increasing water supply at spring.....	1,000 00
For switchboard and rewiring building, as recommended by expert from the office of the Capitol Commissioner.	12,000 00
For building a nurses' home, to accommodate forty employes, and thus provide additional accommodations for forty patients.....	22,000 00

Review of State Hospitals—Special Reports of Superintendents.

Outside painting is needed as follows:

Painting brick walls of wards 17, 18, 22, 23, 26 and 27, 20 and 24.....	\$344 85
Painting brick walls of laundry.....	46 78
Painting brick walls of bath-house.....	110 04
Painting brick walls of shops.....	477 01
Painting brick walls of horse barn and silo.....	90 51
Painting roof of warehouse.....	54 00
Painting brick walls of greenhouse.....	80 00
	<hr/>
	\$1,203 19

And inside painting and decorating as follows:

Ceilings of wards 1, 2, 3, 6, 8, 10, 11 and 12.....	570 00
	<hr/>
	\$1,773 19
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As mentioned in last report, a central dining-room for employes would be a convenient and economical provision. The basement of the general dining-room for men is adapted for the purpose and could be tiled, wainscoted and properly fitted up for..... \$1,263 00

For fire protection as follows:

Fire alarm signal service, with ten stations, at \$75, making.....	\$750 00
Two hose carts, with a capacity of 600 feet.....	300 00
One chemical engine at.....	500 00
Fire extinguisher and hose.....	1,450 00
	<hr/>
	\$3,000 00
	<hr/>

For tile wainscoting, four feet high, in all water-closets,
women's side. \$1,588 65

For tiling floors in south and north kitchens, in the
steam rooms where cooking is done..... 759 00

For land. 60,000 00

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

The list of requirements for year ending September 30, 1896, will probably need some modification, but I submit herewith an itemized schedule of the sums required:

Hospital for twenty-five acute cases.....	\$25,000 00
System of ventilation for wards.....	25,000 00
Main water supply.....	15,000 00
Cold storage.	10,000 00
New hog barns.	6,000 00
Reconstructing and refitting various water sections and installing spray baths throughout the entire hos- pital, with special baths on wards for acute patients,	*
Extraordinary repairs, renewals and betterments....	5,000 00
Painting sundry wards and buildings inside and out..	5,000 00
Steel ceilings.	1,000 00
Railroad landing stations.....	2,000 00
The improvement of ravine.....	500 00
Workshops.	1,000 00
Blacksmith shop.	1,000 00
Additional fire protection.....	3,000 00
Renewals to furniture and furnishings.....	7,500 00

In addition to the above schedule, a sufficient sum should be apportioned to rearrange and refit all the kitchens and sculleries connected with the hospital. Just how much will be required for this work, we are unable at this time to state.

The matter, however, is now in the hands of the State Architect, who will cause plans and specifications to be prepared.

The necessity for this work has been explained to the members of the State Commission in Lunacy individually, and they coincide in regard to the advisability of making such changes.

The steward's office is too small for the present demands made upon it, and should be enlarged. What the amount involved in

* No definite amount was apportioned under this head, but estimates were allowed from time to time by the Commission for this purpose.

Review of State Hospitals—Special Reports of Superintendents.

such a change would be we can not state definitely, but it should not exceed \$1,000.

An expert electrician is now looking over the old wiring in the main building and two of the detached buildings, with a view to giving an estimate as to the amount necessary to put these buildings in a safe condition. The wiring was done in the year 1885, and is old and is extremely dangerous, so much so that we are always in fear of fire.

The necessities for the items, for which an apportionment is asked, are to be explained as follows:

Hospital for Twenty-five Acute Cases, \$25,000.

The Willard State Hospital was primarily constructed to receive and care for the chronic and incurable insane, and no adequate provision has ever been made for the care of the acute and curable cases. The modern tendency of hospital management is to provide buildings especially arranged, and equipped with every facility for the care and treatment of these cases. Instead of building especially for the acute insane, it might perhaps be advisable to take one of the present detached buildings, now occupied by 270 patients, and by means of careful study, so arrange its interior as to accommodate 200 of the acute and curable insane. By such an arrangement 100 women could be accommodated on one side of the administration department and 100 men on the other. The present arrangement of the buildings is such that, with some modification, cases could be properly isolated, so that the noisy patients could be kept entirely away from the quiet and depressed.

In order to make this change, however, a large part of the interior would have to be torn out and reconstructed, and some extensive changes might be necessary to the exterior, in order to bring about such bright and cheerful conditions as would best redound to the advantage of the class of cases it is proposed to treat. Should such a course be pursued, it would be possible to so furnish and equip this building as to make it, in some respects, even more

Review of State Hospitals—Special Reports of Superintendents.

advantageous than a building especially erected for the same class, but intended to accommodate a smaller number.

The sum of \$25,000 will be, however, insufficient for such extensive changes. The State Architect is at present considering plans for these alterations, and when he furnishes the estimate of the probable cost we will forward the same to your office.

System of Ventilation for Wards, \$25,000.

The present system of ventilation is not adapted to the present requirements of the hospital. The amount herein suggested would probably provide all the means necessary to so change the air of the wards at proper intervals as to make it possible to accommodate fifty more patients.

Main Water Supply, \$15,000.

The main water supply is inadequate for the demands made upon it, and in addition the branch, infirmary and D. B. 3, at some seasons of the year are without pressure to protect them in case of fire. Indeed there is never any fire pressure at the branch, and we have to depend entirely upon our steam fire engine. This matter is also mentioned in the answer to question No. 6.

Cold Storage, \$10,000.

The present quarters for the meat supply are entirely too limited. I would respectfully urge that the sum of \$10,000 dollars be allowed for the purpose of cold storage in order that such a building might be erected and a refrigerating plant installed as would meet our requirements, not only for the present, but also for the future. This sum is a moderate estimate when we consider the population of the institution and the great quantities of meat which have to be stored. In addition a building of this kind would provide a proper place for the storage of butter, eggs and other perishable products.

Review of State Hospitals—Special Reports of Superintendents.*Reconstructing and Refitting Various Water Sections, and Installing Spray Baths Throughout the Entire Hospital, With Special Baths on the Wards for Acute Patients.*

The plumbing and bathing arrangements in use at this hospital are antiquated and unsightly. From an economical and hygienic standpoint it would appear advantageous to the hospital to erect, at the ends of the north and south wings of the main building, special bath-houses. In accordance with this idea, Mr. W. Paul Gerhard has been consulted in the matter and such an arrangement is now being considered. A definite amount will be asked for as soon as an estimate of the probable cost can be obtained. While it is thought best to construct such special bath-houses for the main building, the detached buildings should also be provided with the spray baths and the entire water sections throughout all the buildings reconstructed, rearranged and modern methods and appliances installed.

Extraordinary Repairs, Renewals and Betterments, \$5,000.

Many of the present hospital buildings were cheaply constructed, and are now in a condition that requires almost constant repairs and alterations, and the sum asked for this purpose is urgently needed.

Painting Sundry Wards and Buildings Inside and Out, \$5,000.

Many of the wards have not been painted for years and are now in a shabby condition. The necessity for this work must have been apparent to the members of the commission during their official inspections, and if the sum asked for is allowed it will do much to change the appearance and character of wards that for years have not had any painting done to them.

Besides this, certain of our farm and other out buildings need paint to protect them from the weather.

Steel Ceilings, \$1,000.

During the past few years we have been systematically replacing the old plaster ceilings with steel ceilings tastefully designed,

Review of State Hospitals — Special Reports of Superintendents.

and we wish to continue this work as the wards thus treated always present a neater appearance, the danger of falling plaster is eliminated, and there is never any additional expense incurred for repairs to the same.

Railroad Landing Stations, \$2,000.

The present landing stations are open platforms upon which the supplies are left each day, and in case of stormy weather these supplies are not only spoiled but clothing for and from the laundry becomes wet and often mildewed. The necessity is very urgent for the erection of proper coverings for all of the present landing stations.

Improvement of Ravine, \$500.

The sum asked for this improvement is to provide such tools, wheelbarrows, etc., as may be necessary to occupy the patients who will perform all the labor of making the ravine a pleasure spot for the inmates of the hospital.

Workshops, \$1,000

The number of industries at Willard is very limited, and it has been thought that the amount herein asked for this purpose would be sufficient to start several new occupations for the patients, such as mat, brush and broommaking, etc. The old gas-house is so situated that by slight changes it could be readily made available for this purpose.

Blacksmith Shop, \$1,000.

At present the horseshoeing is done in the neighboring village and is an inconvenient and rather expensive method of doing this work. The shop where this work is done is situated next to a saloon, and the people employed in the care of horses are subjected to the influence of such a place whenever they have to have their horses shod. If this work was not done where it is at present, it would have to be taken a distance of three miles to the village of Ovid, thus entailing a great loss of time.

Review of State Hospitals—Special Reports of Superintendents.

If the amount is allowed for a blacksmith shop, other things beside horseshoeing could be done there, and the time saved in going to and from the outside establishments would more than pay for the cost of maintaining such an industry.

Additional Fire Protection, \$3,000.

A considerable portion of the hose now in use is old, and it can not be depended upon in case of an emergency. In addition we are in need of a proper hook and ladder truck. We are at present without such an apparatus, and as we have to depend entirely upon our own fire department in case of fire, we feel that we should have all the appliance that is necessary to fully protect the hospital.

Renewals to Furniture and Furnishings, \$7,500.

Part of the modern treatment of the insane is to surround the patients with cheerful and bright furnishings and make them feel that they are not incarcerated in a prison, but that they are really in a hospital where every effort is made to promote their comfort and recovery. As this hospital was originally intended more as a custodial than as a curative institution, the furniture has been rather plain, simple and somewhat meager.

Wherever new furniture has been provided, the effect has been very gratifying, both as regards the appearance of the wards and also as pertains to the comfort and well-being of the patients.

The sum herein asked will only provide a limited amount of proper furniture for the buildings, but enough to make a decided improvement in the appearance and character of the wards.

HUDSON RIVER STATE HOSPITAL.

Renewals betterments and repairs.....	\$5,000 00
New furniture and renewals to furniture.....	5,000 00
Painting, inside and outside.....	5,000 00
Steel ceiling.....	3,000 00
Electric light extension.....	13,050 00
Telephone extension.	500 00

Review of State Hospitals—Special Reports of Superintendents.

New bakery.	\$12,000 00
Repairs to kitchen.	2,500 00
Enlargement of laundry.	10,000 00
Cold storage.	6,500 00
New shops.	8,000 00
Renewal of old plumbing.	5,000 00
Repairs to steam plant.	19,500 00
Alterations in bath and clothes rooms.	2,500 00
Repairs in wards for disturbed women.	7,000 00
Books and instruments.	1,000 00
Musical instruments.	975 00
Enclosed porch on ward eleven.	1,500 00
Barns and stables.	12,000 00
Road making.	5,500 00
Curbing.	2,000 00
Walks.	3,300 00
Grounds.	2,500 00
Green-house.	4,000 00
Iron stairways.	4,000 00
Apothecary shop.	800 00
Water service and fire protection.	4,000 00
Equipment of machine shops, men's department.	1,350 00
Associate dining-room repairs, men's department.	3,500 00
New dining-room for disturbed men.	5,300 00
Changing old bath-rooms.	5,500 00
Renovation of two disturbed wards.	2,800 00
Tile floor in corridor.	1,800 00
Grading.	2,000 00
Tile floors in kitchens, etc., cottages.	4,000 00
Painting, repairing and furnishing, cottages.	6,000 00
Floors in attic, cottages.	1,200 00
Ice house.	4,000 00
Cleaning lake.	11,100 00
	<hr/>
	\$194,675 00
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Review of State Hospitals—Special Reports of Superintendents.

The reasons for asking for the above apportionments may be briefly stated as follows:

Renewals, Betterments and Repairs.

The usual apportionment of \$5,000 will be needed during the coming year for the above mentioned purposes.

New Furniture and Renewals to Furniture.

In order to keep the furniture of the wards in proper condition and to furnish what is now lacking in various parts of the institution, an appropriation of \$5,000 will be required.

Painting, Inside and Outside.

An equal amount should be set aside for painting, as nearly every ward, and all of the roofs and outside wood and iron work need painting. Quite a good deal was done at the main building during the past year, and the men's building and cottages should receive attention.

Steel Ceilings.

Nothing adds so much to the appearance of a ward as a steel ceiling appropriately decorated, and nothing detracts more than a cracked and broken one of plaster. For the past two years three or four wards have been treated each year and the work should be continued until all of the old broken ceilings are replaced by steel. An appropriation of \$3,000 will be required to do what is most necessary in this direction.

With the amount asked for for renewals and repairs, furniture, painting and steel ceilings, much can be done to increase the beauty and add to the comfort of the wards.

Extension of Electric Light Plant.

Two years ago when an appropriation was obtained to introduce the electric light into the main building it was also intended to construct a system of out-door lighting, but the amount allowed was so much less than we asked for that all of the work could not be done. Last year so many other things were needed that it was

Review of State Hospitals—Special Reports of Superintendents.

not deemed advisable to ask for anything for such work, but now we feel that we should not delay any longer. A careful report of our requirements has been made by Mr. Frost, which is herewith appended.

Report on Additional Electrical Work Necessary at the Hudson River State Hospital, Poughkeepsie, N. Y.

ALBANY, N. Y., October 1, 1895.

The grounds of the Hudson River State Hospital, with the exception of those about the cottages, are not provided with any light. Inasmuch as the patients are frequently taken out in the men's building to the amusement hall, I would advise that the remainder of the grounds be provided with 105 incandescent 50 candle-power lamps. I would advise that 86 of these lamps be mounted on wooden poles, with aerial feeders, and that nineteen, consisting of those from the women's building to the main gate be mounted on ornamental iron poles, and be fed by wires in underground cement-lined wrought-iron conduit. I would advise that the sum of \$5,300 be set aside for this purpose. I would also advise that the present 650 light alternator be exchanged for two 500 light alternators, as the present generator is too large, and by having two machines of smaller size the institution need not be in darkness in case one machine gives out. This change will cost \$1,750.

When the additional lights, which will be installed in the new buildings, are used, it will be necessary to increase the output of the plant. I would advise the purchase of a direct current couple consisting of a double vertical marine type engine, direct coupled to a slow speed 15 K. W. dynamo. I would also advise the insulation of break down switches, so as to break down the three wire system to a two wire system for day service. The above will cost \$2,500.

The mains feeding the men's building are too light, eight to fourteen volts being lost. The inside wiring of these buildings is poor, an inferior grade of wire being used, and no protection

Review of State Hospitals—Special Reports of Superintendents.

being provided through walls, plaster, etc. All cutouts are of wood, and the entire work is in violation of the rules of the New York State Board of fire underwriters. I would advise that these buildings be rewired in conjunction with the other repairs work which is contemplated in these buildings. The total cost will be \$3,500.

In the estimate on exchanging alternating apparatus, I also figured on exchanging the instruments used with this machine for more and accurate instruments.

Respectfully submitted,

F. L. FROST,
Electrical Engineer.

It will be seen that the above report calls for an expenditure of \$13,050, which amount it is hoped will be set aside for the carrying out of this work.

Extension of Telephone System.

Only five of the wards in the main building are now connected with the medical offices by telephone. The system should be extended so as to include all of them, as well as the shops, matron's office, steward's office, etc. The cost would probably reach \$500.

New Bakery.

One of our most pressing needs is a new bakery. The room now used for such purposes is very small and the facilities for supplying the institution with bread are only about one-third what they should be. A large well-ventilated building, properly equipped with modern ovens and machinery for mixing is what we need. The present bakery was built for an institution of 500, while we now have more than 1,500 patients, and in all probability, will have 2,000 within a few years. Besides the room now used is greatly needed as an addition to the kitchen. Excellent bakeries have recently been built at Utica and Binghamton, the latter costing \$12,000. Plans are being prepared by Mr. Perry and until they are completed the cost can not be stated.

Review of State Hospitals—Special Reports of Superintendents.

Renovation and Equipment of Kitchen for Main Building.

If a new bakery is provided, the room now used for such purposes, as well as the one used as a dining-room for employes, should be added to the kitchen, and equipped with new steam kettles, tea and coffee urns, etc. The floors should also be tiled and the old parts of the kitchen should be repaired and painted. The whole cost of this work would probably reach the sum of \$2,500.

Enlargement of Laundry.

Our laundry, like the bakery, was built to do the work required in an institution with one-third of our present population and it goes without saying that the work can not now be properly done. In no other part of the hospital are we obliged to contend with so many difficulties. Something has been done within the past few months towards overcoming some of them by the building of a new dry-house and the purchase of machinery, but the building is too small and the ironing-room too far away. The whole plant should be concentrated and placed on the ground floor. An excellent plant could be arranged by carrying the wash-room to the north and building a wing east and west for the ironing-room. Plans and estimates are now being prepared for the changes suggested.

Cold Storage Building.

The necessity for a cold-storage room in an institution using such large quantities of perishable supplies as are required for nearly 2,000 persons, including the sick and the well, must be apparent to all. Many of the larger State hospitals are now supplied with large, properly equipped buildings, and the superintendents who are fortunate enough to have them, consider them one of the most important parts of their plants. They make large purchases of butter, eggs, etc., possible at advantageous rates and result in a considerable saving during the year. The cost of a new building with the necessary refrigerating machinery, like that at Binghamton, would probably be about \$16,000, but from inquiries which I have made I believe that our present butcher

Review of State Hospitals—Special Reports of Superintendents.

shop and the room adjoining could be rearranged and equipped for \$6,500.

New Buildings for Shops.

The manufacture of boots and shoes, brushes and brooms, clothing and mattresses, and the repairing of furniture, caning of chairs, etc., have become an important feature in every well-managed hospital for the insane. Our work in this direction has been as extensive probably as that of any other institution in the State, but it has been carried on under great disadvantages. Our shops are located at a considerable distance from any of the buildings where proper supervision is almost impossible. The buildings are quite unfit for the purposes to which they are put as they were only built in an out of the way place for temporary use as isolation buildings during an epidemic of typhoid and scarlet fever several years ago. We should have a good plain building, easy of access and planned for shop purposes. Plans and estimates have not yet been prepared.

Renewal of Old Plumbing.

Each year for the past two years we have asked for and obtained a small amount to be expended in the renewal of the old plumbing. Several of the stacks need complete renewing and an appropriation of \$5,000 will be required to do the work.

Repairs to Steam Plant.

The steam plant of a large institution always needs considerable attention and that at the main building is in an unusually unsatisfactory condition. The mains are too small to give good service and many of the stacks need new radiators. Quite a good deal of work was done last year, but to put the system in good condition the following appropriations will be required:

To renew and enlarge steam and return pipes in main building	\$10,000
To replace old high-pressure radiators with 10,000 square feet indirect low-pressure radiators.....	6,000

Review of State Hospitals—Special Reports of Superintendents.

To renew high-pressure mains and exhaust of engine to feed water heater and Worthington pump.....	\$2,500
To put in hot-water receivers and connections to feed pump in men's boiler-house.....	500
To make general repairs to boilers.....	500
Total	<u>\$19,500</u>

Alterations in Bath and Clothes Rooms.

Several of the bath-rooms and clothes-rooms adjoining need re-arranging; \$2,500 could be well expended for such work.

Repairs to Wards for Disturbed Women.

The four wards occupied by disturbed women need extensive repairs. The floors have been in use for twenty-three years and are consequently in bad condition. In fact, all of the woodwork needs renewing, the ceilings should be covered with steel plates; the old bath-tubs should be removed and replaced by sprays, and the clothes-rooms should be refitted and rearranged. The furniture is old and worn. The bedsteads with iron straps should be replaced by those with springs, and new chairs and settees should be provided. We have made a careful estimate and find that the cost of thoroughly repairing each ward will not fall short of \$3,500. The sum of \$7,000 is asked for, as probably not more than two wards can be renovated in one year.

Books and Instruments.

For the past two years we have been trying to get a suitable library for patients, and we have kept well up with the new medical publications. One thousand dollars should be appropriated for the purpose of purchasing books for patients, and books and instruments for the medical and surgical department.

Musical Instruments.

Last year we purchased an additional piano, but we should have three more in order to equip the men's convalescent ward, and two of the better wards for women. The cost would be \$975.

Review of State Hospitals—Special Reports of Superintendents.

Enclosed Porch for Feeble Patients.

The eleventh ward which is used by feeble patients should be provided with a large piazza. It should extend for about 100 feet along the south side of the ward, and should be so built that it could be enclosed by glass and used in unpleasant weather. One properly constructed would be of the greatest benefit to the feeble old women by whom it would be used, and even those unable to walk could be got out in wheel-chairs for air and sunshine. No better use could be made of the \$1,500 which would be required for the purpose.

Barns and Stables.

The barns and wagon-houses near the main building have been in use for nearly, if not quite, for a hundred years, and are now about ready to tumble down. For several years past an appropriation of \$12,000 has been asked for each year for the purpose of building new barns and stables, and the request is again repeated.

Road Making.

The roads connecting the various parts of the institution have been greatly improved during the past year, but only a small part of what should be done has been accomplished. Work should be begun on the first day of May next and continued to the first of November. There are several miles of old roads to get in good condition and at least two miles of new road to make. An appropriation of \$5,500 would be none too much as will be seen by the statement:

Wages of engineer of steam-roller, 6 months, \$60	\$360
Wages of assistant engineer of steam-roller, 6 months, \$50	300
Wages of 3 men, 6 months each, at \$280	840
Three teams, 6 months each, about 450 days, at \$4	1,800
Three carts, 6 months each, about 450 days, at \$3	1,350
Repairing bridges and fences and service of civil engineer (estimated)	850
Total	<u>\$5,500</u>

Review of State Hospitals—Special Reports of Superintendents.

This seems like a large amount, but it will only be enough to prosecute the work in a satisfactory and profitable manner during the summer. Good roads are a necessity with us and the sooner they are made the better it will be. It would certainly be false economy to make a small allotment which would only keep us busy during a part of the summer.

Curbing.

The drive from the entrance to the main building, a distance of 2,000 feet, should be provided with curbing to act as a gutter to prevent the washing away of the edges of the road. The part immediately in front of the main building has been so constructed, and the improvement is so great that it should be continued. The 4,000 feet of 4 in. x 12 in. axed curbing which would be necessary to provide both sides of the road would cost fifty cents per foot, or a total of \$2,000.

Walks.

During the past two years numerous walks have been provided for the most important foot-ways, but we still need a large quantity of flagging to put the grounds in proper condition. An appropriation of \$3,300 is asked for the following purposes:

Two thousand feet five-inch flagging, at 90c.....	\$1,800 00
One thousand feet four-inch flagging, at 64c.....	640 00
Two hundred barrels cement, at \$2.40.....	480 00
Sand, gravel and labor.....	380 00
	<hr/>
	\$3,300 00
	<hr/>

Grounds.

The grounds are susceptible of great improvement but the work should be done under expert guidance. A topographical map should be made, trees should be planted along the roads, plants and shrubbery should be set out around the cottages, and a suitable entrance should be provided at the Hyde Park road. An appropriation of \$2,500.00 should be set aside for such purposes, and I am sure the expenditure would result in a marked improve-

Review of State Hospitals — Special Reports of Superintendents.

ment in the grounds. This has been repeatedly asked for, and it is hoped that the request will be granted this year, as the grounds about the cottages are appalling in their barrenness.

Green-house.

We have long needed a new green-house for the purpose of raising plants and flowers for the wards, but our wants have been so numerous that the request has been deferred until now. Nothing brightens a ward so much as flowers and plants, and they are appreciated even by the most disturbed patients. To build and properly equip a suitable house would probably cost between four and five thousand dollars.

Iron Stairways.

Five old stairways in the main building and three in the men's department should be replaced by iron. The total cost would probably be \$4,000.

Changes and Repairs in Apothecary Shop.

The apothecary shop needs extensive repairs. The floor is old, the ceiling has fallen off and the whole place is in a state of dilapidation. There should also be new shelving and a new counter. It would cost about \$800 to put the place in good repair and make the changes desired.

Water Service and Fire Protection.

There are no outside hydrants around the men's building, and at least twelve should be provided without delay. Those around the main building also need renewing. The necessary expenditure for such purposes will be \$1,500, while as much more will be needed for fire extinguishers. Cleaning the reservoirs and furnishing the necessary hose for fire protection will increase our requirements for the above purposes to \$4,000.

Equipment of Machine Shops.

In order to do the necessary work cheaply and expeditiously we shall need the following tools: One No. 5 Saunder's pipe machine,

Review of State Hospitals—Special Reports of Superintendents.

for pipe from two and one-half to eight inches; one thirty-six-inch squaring shears, one power drill press, one sand-papering machine, and one S. A. Wood's four-roll inside moulder. The cost of all will be about \$1,350.

Associate Dining-room for Men.

The large dining-room, which is occupied by 500 men, is greatly in need of repairs. The floor needs renewing, and as many of the floor timbers have rotted out, it would probably not cost a great deal more to put in a tile floor. If this were done and the room thoroughly renovated and painted, an appropriation of \$3,500 would be necessary.

New Dining-room for Disturbed Men.

The new dining-room at the men's department to be used for the convalescent class, and which is now nearly completed, promises to be so satisfactory that the erection of a similar one on the other side of the kitchen, for the use of disturbed and untidy patients, is strongly recommended. The appearance of the group would be improved, as the two wings would then be symmetrical, but above all it would relieve the crowding in the large room, and would permit of excellent classification. The proposed addition should have a tile floor, which would make it cost a little more than the one on the opposite side. Five thousand three hundred dollars would be necessary.

Changing Old Bath-rooms into Dormitories and Fitting up New Spray Baths in the Building Occupied by Disturbed Patients.

By carrying out the same changes in the building occupied by disturbed patients as have been made in that used by the convalescent class, we would be able to provide for ten patients, and make the wards much better adapted for the purposes to which they are put. The work could be done at a per capita cost of \$550, or a total of \$5,500.

Review of State Hospitals—Special Reports of Superintendents.

Renovation of Two Wards for Disturbed Men.

The two large wards used by disturbed patients should receive early attention. The floors, ceilings and trim should be renewed, after which the walls should be tastefully painted. The electric wiring should be done over on the latest scientific principles. This is a part of the work suggested in Mr. Frost's report. The entire work will cost about \$2,800.

Tile Floors in Corridor Leading to Dining-room.

The corridor leading from the disturbed wards to the large dining-room should be tiled and made to correspond to that on the other side. That from the wards to the main corridor should also receive the same attention, and the old stairway should be replaced by iron. The cost of this work would be about \$1,800.

The changes suggested in the men's department, with the exception of the repairs to the large dining-room, have been made in the other wing, and have been found very useful. There is every reason to believe that they would be equally desirable in the part which has thus far received no attention.

Grading.

The grounds about the men's department need a good deal of attention. It is very rocky and difficult to work by patients. Teams and carts are also necessary, as only a little can be done during a summer with wheelbarrows. An apportionment of \$2,000 is asked for grading and improving the grounds near the men's building.

Tile Floors in Lavatories, Kitchens, Sink-rooms, etc.

A much-needed improvement in the cottages is the tiling of the floors in the lavatories, kitchens, sink-rooms, etc. The work in each cottage would entail an expenditure of about \$500. Four hundred being necessary for each kitchen with its adjoining rooms while \$100 would be required for each lavatory. If the whole sum of \$4,000, can not be appropriated at one time, a few of the cottages might be done each year.

Review of State Hospitals—Special Reports of Superintendents.

Painting, Repairing and Furnishing.

Considerable furniture has been bought for the cottages, and one has been made attractive with the appropriation received for the purpose last year. Three more should be put in equally good condition the coming year. For the purpose \$6,000 will be needed, as it requires about \$2,000 for each cottage.

Floors in Attics.

Floors have never been laid in the attics, and as they are used for the storage of trunks and clothing, a rough floor would be of great advantage. The cost would be \$150 for each cottage, or \$1,200 for the eight.

Ice House Near the Lake.

For the past three winters we have been obliged to rely almost entirely on the lake near the cottages for our ice supply, and it is likely that the same conditions will apply in the future. We have used an old barn for temporary storage purposes and have found that it has saved a good deal of trouble in carting ice from the main houses to the cottages. The supply, however, which we are able to thus store becomes exhausted before mid-summer. A large well constructed house capable of holding 1,200 or 1,500 tons should be built. Even though at some future time an ice-making plant should be introduced the house at the lake would always be useful as it would take an enormously expensive plant to make sufficient ice for the whole institution. An appropriation of \$4,000 would be required to build such a house as we would need.

Administration Building.

Attention is again called to the need of an administrative building and assembly hall for the cottage department. There are now 450 patients and employes connected with the cottages, and they are so far away that it is difficult for them to take advantage of the entertainments and chapel services in the main building. The physicians are also obliged to live on the wards and thus take up the space intended for twenty patients. No plans have yet been prepared.

Review of State Hospitals—Special Reports of Superintendents.

Cleaning the Lake.

Last year \$4,000 was set aside for the purpose, but owing to a difference of opinion in regard to the advisability of doing the work, nothing was done until the first week in October. Fifteen hundred dollars of the above amount was transferred by permission of the State Commission in Lunacy to the road-making account, and the balance has been used for the purpose for which it was appropriated.

In order to carry out the original plan of making a good storage basin \$8,000 will be necessary for the cleaning of the bottom of the lake, \$2,500 for riprapping the sides and completing the wings of the dam, and \$600 for an additional pump.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(1) Store-house, \$5,500. It seems very desirable that there should be a store-house apart from the other buildings in which the various materials needed for the comfort and welfare of the insane should be kept. This store-room block should be about one hundred and twenty feet long and forty feet wide, and one story high. It should be built upon the slow combustion plan with mineral wool packed in the walls between the inner and outer sheathing. The roof should be steep in order to shed snows in this wintry climate, and it should be covered with the best quality of Vermont slate. At one end of this building cold storage rooms should be constructed for the preservation of meats and fruits, and butter and cheese and eggs. The store-room proper should be furnished with suitable shelves, boxes and bins where drygoods and other stores may be properly packed away.

(2) Addition to laundry, \$5,500. The plans and specifications for an addition to the laundry have been submitted to your honorable board. This addition to the laundry consists of one room fifty feet square with a hip roof and a large ventilator on the top. In this room all the ironing and storing, and packing for delivery will be done. The design is to have a building with sixteen foot walls, and a step roof with a large ventilator, so that the air may

Review of State Hospitals—Special Reports of Superintendents.

be kept pure and fresh for the benefit of those who work therein. We think the sum asked for will be sufficient for this addition to the laundry, and also for the necessary ironing tables, etc.

(3) Oak floors for day-room blocks, \$3,000. An allotment has been made for the purpose of covering the floors in pavilions one and two with quartered oak. During the coming year this work should be extended to the day-room blocks attached to both pavilions.

(4) Additions to electric-light plant, \$6,000. The wiring for the electric lights in the main building and pavilions No. 1 and 2 should be overhauled, and new wiring should be put in where necessary. Also new fixtures are especially desirable throughout the main building, and pavilions No. 1 and 2. This work should be inaugurated and completed for the purpose of making the electric-light plant as safe as possible. Every new appliance for safety in work of this kind should be immediately provided.

(5) Filter and water system, \$2,700. A better system for furnishing drinking water to the various wards of the entire institution should be introduced. The water for drinking should be first filtered, and then run by a system of galvanized pipes to each ward. In each ward a marble fountain should be set in the wall, and in the rear of this fountain a box should be placed containing coils through which the water may pass. Around these coils ice should be packed each day to keep the water cool. The coil and ice pack for water on the first floor in each building might be kept in the basement. Either a large sand filter should be constructed or else a Pasteur filter should be attached to each hydrant from which the water is drawn.

(6) New furniture, \$4,000. During the past year a moderate amount of furniture has been placed in some of the wards. Some furniture will inevitably be needed, both on the wards and in the hospitals, and in the kitchen and bakery. The wear on furniture is continual and sometimes rather severe. This is to be expected, because we have over 1,100 restless, irresponsible and destructive beings to deal with.

Review of State Hospitals—Special Reports of Superintendents.

(7) Painting buildings exteriorly, \$4,000. The main building, pavilions 1 and 2, the annexes 1 and 2, Talcott Hall and the cottages should be treated with a coat of paint exteriorly during the coming spring and summer.

The work of painting and decorating the wards should be continued, and two or more painters should be detailed for this work. Nothing is more stimulating to the eye than beautifully painted and decorated walls and corridors in the hospital. The frequent covering of the walls with paint tends to destroy the microbes which inevitably find foothold in such places.

(8) Twenty-five cows, at \$40 each, \$1,000. Our dairy is being depleted now and then by the loss of some valuable but venerable milker. These losses should be replaced by the introduction of young, active and good-looking cows. We try to be moderate in our estimate for cows, and we don't ask for even one bull this year. Economy on bulls is a priceless virtue.

(9) Horses, \$1,200. We have an aggregation of horses which is sufficiently numerous, but many of them are old and exhausted and should be disposed of, and new horses or those which are comparatively new, should be put in their places. There is nothing which is more depressing in its general effect upon good farmers (such as we try to be) than a lot of old, worn-out and crow-inclined beasts of the equine race. I would suggest that at least three of the old teams be sold for what they will fetch and three good teams be put in their places.

(10) Two new hospital buildings, each capable of accommodating 100 patients, \$55,000 for each structure. We need two hospital buildings for the acute insane, in which recent cases may be treated in accordance with the best known principles which have been yet discovered in the care of this unfortunate class. One hospital building should be devoted to the use of men, and another to the use of women. In these new hospital buildings the women nurses could take care of the women patients, and likewise assist in the care of the men under proper provisions and precautions. These new buildings should be fireproof, and replete with every sanitary

Review of State Hospitals—Special Reports of Superintendents.

appliance that may tend to promote the health and comfort of the sick. The floors should be of solid oak; the sidewalls should be covered with Keene's or adamant cement, thus rendering them impervious to water, and safe from all intrusions by microbes and bacilli. The ceilings should be of steel, of approved and beautiful patterns. Modern spray baths should be introduced, together with the moveable bath-tub on wheels, for the accommodation of those who can not travel from the beds to a bath-room. These new hospital buildings should have as attachments large solariums, where the patients may receive, during all the pleasant weather of the entire year, the inestimable blessings which flow from an abundance of sunlight.

(11) Workshops for the accommodation of convalescent patients should be added to the shops already used by the engineer and carpenter. Plans have already been submitted, and an allotment asked for. By having a series of shops, the mending of furniture, and making the various articles which are needed for household purposes will be facilitated, although it is hardly to be expected that insane and irresponsible beings can produce articles of furniture as economically as a well-established and carefully managed factory, located where the raw material is cheapest.

(12) New corridor, \$3,500. I would suggest the erection of a corridor connecting the cottages for women and the nurses' home for women with Talcott Hall. This corridor could be built largely of glass, and thus form an economical and beautiful conservatory for plants during the mild portions of the year.

(13) Gate lodge, \$4,000. I would respectfully suggest that a gate lodge be erected at the main entrance, for the protection of the grounds, and for the accommodation of the policeman. He could not only look after all intruders from this point, but he could be always ready for any emergency that might occur. If a policeman were located at this place, and it was his duty to be there all the time, except when patrolling the grounds at regular intervals, then every one would know where to find him in case help was needed.

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

Lawn, grounds, etc.....	\$2,500 00
Furniture and repairs.....	2,500 00
Extraordinary repairs and improvements.....	4,000 00
Increase of dairy.....	500 00
	<hr/>
	\$9,500 00
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For new chapel and amusement hall and cottage for male attendants, such sums as the State Architect shall estimate to be needed.

BINGHAMTON STATE HOSPITAL.

Building for Men.

A new building for the accommodation of male patients is greatly needed. For several years past the growth of the hospital has been in the direction of accommodations for women, while little has been done to increase the number of wards devoted to the care and treatment of men. This subject now demands attention. This institution long since ceased to be an asylum for the chronic insane. It is now widely known as a hospital, and receives annually a large number of acute cases of insanity, that with proper surroundings and scientific medical treatment, should be restored to the community from whence they came, as active self-supporting citizens. Failure to achieve this end not only blasts the home of the unfortunate sufferer, but entails upon the Commonwealth the life-long burden of maintaining him in the hospital, and, perhaps, his family in the poor-house. The interests of the State, therefore, demand that hospitals shall be constructed so that the insane shall have the best care and treatment possible. Buildings should be erected with wards of moderate size, abundantly lighted, well furnished, and liberally supplied with single rooms instead of dormitories. At this hospital such accommodations have been in the past but meagerly provided. The buildings heretofore erected have been constructed largely on the dormitory plan. The crying need at the present time is for a building in

Review of State Hospitals—Special Reports of Superintendents.

which the accommodations shall consist largely of single rooms — a building with small wards — where acute cases may receive the treatment they need, and where they may be safely and comfortably housed. On the premises near the main building there is available a very desirable site for such a building. It is on high ground with a warm southern exposure, and protected on the north by a growth of forest trees. It commands an extensive view of the city of Binghamton, and of the valley of the Susquehanna river for many miles both up and down the course of the stream. It is easily accessible for connection with the heating, lighting, power and sewerage systems of the institution, and is, therefore, a very desirable location from both the utilitarian and the sanitary point of view.

The State Architect has prepared plans for a building for the accommodation of 250 patients. They provide for a structure that would meet all of our requirements in a highly satisfactory manner. The cost of the proposed building has not yet been determined, but I am assured by the architect that it will not be excessive.

Nurses' Home.

A need which has long been urgently felt is a suitable building for the accommodation of employes. The institution now employs more than 300 persons to perform the services required in the care and treatment of its patients, and many of these persons are very poorly housed. Rooms for some of them have been fitted up in attics, where the heat in summer is intolerable, and the cold in winter unendurable. Others are quartered in rooms directly connected with the wards occupied by patients, and still others have rooms in basements, where the conditions are far from healthful. In numerous instances rooms that should have at most not more than two occupants have four, and "stack beds" are used to economize space.

It needs no argument to establish that attendants upon the insane, after long hours of close association with their charges, need rest, which can only be had in comfortable apartments re-

Review of State Hospitals—Special Reports of Superintendents.

moved from the scenes of their daily labor. For the accommodation of this class of persons in the employ of the hospital there should be constructed a two-story building, with fifty sleeping-rooms, two or three reception-rooms or parlors, a large room for class instruction, and with spray and plunge baths in the basement. Plans or specifications for such a building have not yet been prepared, and we are, therefore, unable to submit an estimate as to the cost, but we would earnestly recommend that this matter receive careful consideration.

Sun Room for Hospital Wards.

Attention is again called to the condition of wards 24 and 25 in the Ogden building. Last year unsuccessful efforts were made to secure funds for the erection of a sun-room, twenty-four feet by fifty-five feet in size and two stories in height at the south end of the building. This structure, consisting almost wholly of glass, with a warm southerly exposure, would increase the room available in the wards in an extremely desirable manner. These sun-rooms are especially desirable owing to the fact that the wards with which they would be connected are used for special hospital purposes and contain the acute female cases that are most likely to recover. The benefit of sunlight in the treatment of such cases can not be overestimated. Plans for this improvement were prepared by the State Architect three years ago, and the matter has twice been urged before the Legislature. The amount needed for this construction is \$6,000.

Ventilation of Buildings.

In all the principal buildings occupied by patients on the hospital premises ventilation is more or less defective, owing to the fact that suitable provision has not been made for changing the atmosphere with sufficient rapidity to maintain its purity. To secure this end a system of exhaust fans, run by electric motors, should be established in each attic. The exact cost of this work has not been ascertained, but we believe that all the apparatus

Review of State Hospitals—Special Reports of Superintendents.

needed could be obtained, erected and completed for the sum of \$3,000.

Additional Furniture.

It is to be remembered that, in such a large institution, the ordinary wear and tear upon furniture in the course of a year necessitates considerable renewal. In many instances these renewals should provide a better quality of furniture than the old pieces which have been worn out. Experience teaches that nowhere is a good article more necessary than in a hospital for the insane. The furniture provided should, therefore, be of a high grade and of lasting quality. The amount of money needed for the coming year is \$3,000.

Steel Ceilings.

The desirability of using sheet steel for ceiling purposes has been so satisfactorily demonstrated during the past three or four years that we would recommend this metal for ceiling wherever plaster ceilings are becoming defective. This is especially noticeable in the rooms occupied by patients at the Barlow and Phelps cottages; in wards 28, 29, 30 and 31 of the south building, and in the dormitories connected with the wards of the main building. There is needed for this work the sum of \$2,000.

Painting.

The hospital is in need of painting in almost every building on the premises. Some of them should be painted outside to preserve both brick and woodwork, while others need paint both inside and outside for decoration as well as preservation. Experience teaches that a little paint properly used on old or gloomy wards brightens them up remarkably and greatly improves their sanitary condition. A great deal could be accomplished with \$2,000.

Electric Clocks.

Something should be done to replace the old, dilapidated clocks that have been in use on the wards for many years by good time-pieces, connected with a standard clock and controlled by means

Review of State Hospitals—Special Reports of Superintendents.

of electricity. A suitable system could be installed for the sum of \$900.

Window Frames and Casings for the South Wing.

The window frames and casings of all the windows of the south wing of the main building — 170 in number — have rotted out to such an extent as to be practically beyond repair. An estimate for replacing the decayed material has been obtained. The amount needed is \$2,500.

The Weed Property.

The desirability of securing for the hospital the valuable piece of land known as the Weed property, consisting of about thirty-eight acres, and lying directly in front of the main hospital building, is so apparent that it needs but to be mentioned to meet with approval. Every year the growth of the city eastward brings many new houses nearer to the hospital premises, and this land, unless secured to the State by purchase, will soon be built upon and thus the fine view now obtainable will be cut off and objectionable neighbors will be unpleasantly near the buildings of the institution. This land is in a high state of cultivation and would be very useful for gardening purposes. We believe it could now be obtained at a reasonable figure, but its increasing value will soon probably place it beyond the reach of the State. We would urge, therefore, that efforts be made to secure authority to make the purchase at an early date. The property could be obtained for \$20,000.

Tree Planting.

Two years ago a small sum of money was appropriated for tree planting. This sum was used very advantageously in the purchase of thrifty young elms which have been planted along the driveways and are now growing finely. The hospital grounds, however, are extensive and additional trees, shrubs and plants should be set out. There should also be started at the Barlow farm an orchard of fruit trees. The soil and climate are well

Review of State Hospitals—Special Reports of Superintendents.

adapted to the growth of the hardy varieties, and it would be a great boon to the hospital if it could have an abundance of apples, pears and plums. Eight hundred dollars would suffice for our present needs.

Additional Dynamo.

An additional dynamo is needed in the electrical department. When the electric plant was installed two years ago there were 1,500 incandescent lamps in circuit, and the two dynamos originally provided, furnished ample current for lighting the institution. Since then the extension of the lighting system and the use of electricity for motive power have increased the demands upon the dynamos fifty per cent. and the erection of additional accommodations for patients will soon make our needs in this direction still greater. To supply this demand an additional dynamo of 1,000 lamps' capacity, with a direct connected engine, should be installed on the foundations that were provided when the electric station was erected. The necessity of this additional equipment was lately strongly emphasized when one of the two machines we now have to rely on was shut down a short time for repairs. The incident occurred while the patients were at supper and as a consequence three of the buildings in which were quartered 400 insane persons were in total darkness for more than an hour. Such accidents are liable to give opportunity to patients of a suicidal disposition to carry out their desires. I would recommend, therefore, that steps be taken to secure an additional dynamo as soon as practicable. The cost would be \$3,500.

Laundry Machinery.

Considerable new machinery is needed in the laundry. Seven old washing machines that have been used since the hospital was opened are so badly worn that they should be replaced by new ones of the latest and best type. A steam sterilizer, a self-balancing hydro-extractor, a large mangle, a collar and cuff machine and a body or shirt ironer are also greatly needed. With

Review of State Hospitals—Special Reports of Superintendents.

these new machines our laundry would be able to do much more and much better work than it is possible now to do. The amount of money needed to make these changes is about \$5,000.

Ice Making Apparatus.

When the machinery for refrigerating the cold storage house was installed, an ice machine was erected of sufficient size to make three tons of chemically pure ice daily in addition to the work of cooling the storage rooms to the desired temperature. In order to manufacture the ice for the hospital the special ice-making apparatus is still needed. This would consist chiefly of the insulated iron tank for cold brine, the cans for freezing distilled water, the distilling apparatus and a crane for handling the cakes of ice when frozen. The entire outfit could be obtained for the sum of \$2,500. With this equipment the institution would be independent of the river as a source of ice supply, and we should not be running the risks arising from using ice that may be contaminated to such an extent as to cause epidemic amongst the patients or employes.

Renewals in the Main Kitchen.

Extensive repairs are needed in the main kitchen. The range is practically burned out from long use, two of the steam kettles are nearly worthless for the same reason, and the square steamers are all too small and but half jacketed. The urns now in use have served for a long time, and are not of an approved pattern. Besides being unsatisfactory as regards the tea and coffee made in them, they are costly, owing to the fact that they do not extract the full strength from the coffee and tea. The kitchen itself is long and narrow, and consequently the kettles are inconveniently arranged. We would recommend that the wall between the present kitchen and the old bakery and store-room be removed so that the kitchen may be considerably enlarged. The floor of this additional space should be tiled and the ceiling made to match that of the old kitchen. There should be installed one duplex wrought steel plate French range twelve feet long by six feet wide finished

Review of State Hospitals—Special Reports of Superintendents.

on both ends and both faces; each side or face of the range to have three fires and three ovens. The ovens should have sectional non-warping steel bottoms and fire boxes, anti-clinker dumping grates and lined with the best quality fire-brick three inches thick. The range should also have a warming shelf twelve feet long with wrought trimmings to match those on the range and supported on heavy iron brackets securely bolted to the top of the range.

There should be one wrought steel French boiler thirty inches wide, supported on a wrought steel base, and furnished complete with gridiron blower and fire-brick linings, and constructed for burning either charcoal or hard coal, as might be preferred. The range should have adjoining it a steel coal box and over it a wrought steel ventilating hood.

There should be three sixty gallon, seamless, double-full jacketed, cast-iron, steam kettles. Six fifty-three gallon, seamless, double jacketed, cast-iron, steam vegetable kettles. Two ten gallon milk boilers. One set of seventy gallon urns, consisting of one seventy gallon coffee urn; one seventy gallon tea urn, and one hot-water urn with a capacity sufficient to supply hot water to both the side urns as fast as it could be used. There should be a cooks' working table thirteen feet long, four feet wide, and thirty-two inches high with a heavy wrought-iron portable bar with necessary hooks and hangers over it.

The dining-room should have one seamless, double jacketed, cast-iron steam carving table seven feet long, with heavy iron stand and wooden cutting boards on both sides. Also one steam dish-washing machine, with one washing and one rinsing tank, and fitted complete with the necessary steam engine or motor, steam cowl and baskets.

The old kitchen equipment could be disposed of to the manufacturers who would install the new equipment at a fair valuation. This new work could be done for the sum of \$4,000.

Mixing Machinery for the Bakery.

A small item, but one of great importance, is the matter of suitable mixing machinery to be used at the bakery in preparing

Review of State Hospitals—Special Reports of Superintendents.

bread for the oven. The old-fashioned way of kneading the dough by hand is uncleanly and irregular. It is no longer in use in well-appointed bakeries. We would advise that the hospital be provided with dough-mixers, flour sifters, and a small electric motor to furnish the necessary power. The sum needed for these pieces of apparatus is \$1,200.

Congregate Dining-room.

The work of reconstructing the lower ward of the north wing of the main building so as to convert it into a dining-room for male patients occupying this wing is now so far advanced that it will soon be ready for occupancy. The improvement promises to be so satisfactory from every point of view that we would urgently recommend a similar reconstruction in the south wing. The cost would be \$4,000.

Conduits from the Main Kitchen to Patients' Dining-room.

The present method of conveying food by means of a car run from the main kitchen through the lower hall of the administration building to the north and south dining-rooms is crude and unsatisfactory. In spite of the utmost care odors from the food are often present through the offices and apartments, and are a source of a great deal of annoyance. The State Architect has prepared plans for conduits leading from the main kitchen to these dining-rooms, which, if constructed, would entirely remedy the difficulty complained of. Each conduit would leave the main kitchen at the west end and cross the courtyard obliquely to the lavatory section where it would pass through the foundation wall to the basement of the dining-room. A small elevator would lift the car to the dining-room floor, and enable the dining-room attendants to transfer the food to the tables with the least possible delay. The estimate prepared by the architect shows that this work could be completed for \$5,000.

Cementing Cellar Bottoms.

The cellar bottoms at the south and west buildings and at the three farm cottages have never been properly finished, owing to

Review of State Hospitals—Special Reports of Superintendents.

lack of funds for the purpose. The soft earth, at some seasons of the year, becomes damp, and, in spite of all efforts to keep the cellars clean and in a sanitary condition, emanations rise from the soil which can not fail to be deleterious to the health of the patients in the apartments above. Concrete bottoms should be provided for these cellars. The cost would be, approximately, \$2,000.

Renewal of Plumbing.

In our special report of last year we called attention to the matter of renewing the plumbing throughout the institution, and quoted from the report of an expert sanitary engineer, who had thoroughly examined the entire plumbing system of the hospital, as follows:

“There is no concealing the fact, even if it were desired, that the plumbing and drainage of all the buildings, and particularly the main building, are very defective as to system, material, workmanship and general condition. Judged however liberally we can not reach any other conclusion but that its existence is a daily menace to the health of the patients and the staff generally. That typhoid, typhus, scarlet fever, erysipelas and kindred diseases are not of common occurrence is due to the extreme cleanliness and care exercised over the wards, lavatories and cellars.
* * * Briefly stated, I would advise a new and modern plant for every one of the buildings which shelter patients and officers of the hospital, except the Phelps, Barlow and Carl cottages.”

After receiving this report the State Commission in Lunacy allotted to the hospital the sum of \$10,000 for the renewal of plumbing in the main building, where, owing to the length of time the old plumbing had been in use, the need of repair was the greatest. Plans for this work are actively progressing, but nothing has been done to improve the plumbing in the other buildings. Additional funds should be obtained for this purpose as soon as possible. At the present time we are unable to submit an estimate as to the cost of the work, but believe that it could be done for \$15,000.

Review of State Hospitals—Special Reports of Superintendents.

For many years the sewerage system has included three large open vats, located a short distance east of the bakery building, into which nearly all the sewage of the institution is delivered, and from which only the liquid portion passes away through the trunk sewer. The principal object served by these vats has been the collection of a certain amount of fertilizing material. The difficulty of handling this material and the offensiveness of the vats make it desirable to discontinue them and allow all sewage to pass off without delay or hindrance. To accomplish this end satisfactorily the eight-inch sewer which now leads from the vats to the man-hole at the commencement of the fifteen-inch sewer at the steward's cottage should be replaced by a sewer of larger size. This could be done at an expense but little, if any, above the cost of materials. We believe that \$1,000 would suffice for the work.

Additional Water Supply.

Attention is again called to the need of additional water supply. The past summer has been an unusually dry one, and for several months the water in the river has been extremely low. By making a direct connection between the pumps and the river, so that the water might be obtained from the stream instead of from the well, we have been able to supply our needs, but water drawn from the river when large areas of the bed of the stream are bare is liable to be contaminated, and ought not to be used. We are informed that if a sufficient number of driven wells were connected with our pumps an abundant supply of pure water could be obtained at all times. This matter should have early attention and such provision made as would insure to the institution a permanent and pure water supply. The cost would be about \$3,000.

Reserve Reservoir and Pipe Connections.

As noted in our last special report, the reservoir on the hill north of the institution has long been too small to hold water enough to last more than a single day. It was constructed when the institution was small, and was, doubtless, for some years, suf-

Review of State Hospitals—Special Reports of Superintendents.

ficient for all practical purposes. The growth of the hospital, however, now requires a larger reserve supply, and we would recommend that a new reservoir be constructed on higher ground further north, and that the two be connected by means of a twelve-inch pipe. The six-inch pipe, which now leads from the reservoir to the hospital buildings, is too small to supply the demands made upon it. It should be replaced by a pipe at least eight inches in diameter. By constructing the new reservoir on higher ground and connecting the hydrant system directly with this reservoir, a fire pressure would at all times be obtainable regardless of the speed of the pumps at the river. This would be a very desirable arrangement. To make the improvements here suggested an appropriation of \$6,000 is needed.

Additional Pumps.

The two large Worthington pumps which now deliver at the hospital half a million gallons of water daily have been in operation constantly more than eight years. They are still in good condition, but their long service renders it probable that at no distant day they will need extensive overhauling. Should necessity arise suddenly the hospital would be temporarily entirely without means of securing water. To guard against this contingency and also against great embarrassment in case of accident an auxiliary pair of pumps should be purchased. These we are informed Messrs. Worthington & Co. would furnish for the sum of \$5,000.

New Boilers.

Three new boilers should be procured to replace old ones at the steam-heating plant. Those now in use are so old and in such bad condition that they are liable to be condemned at any time. Three new ones set up ready for use would cost \$3,000.

Fire Alarm System.

The losses the State has suffered by fire during the past three years has emphasized the necessity of having a thoroughly organized fire department and a trustworthy fire alarm system. We

Review of State Hospitals—Special Reports of Superintendents.

have a well-organized department, but our alarm system is cheap and unsatisfactory. Having carefully investigated the merits of several kinds of apparatus in the market, we are satisfied that the Gamewell system would give the best satisfaction for our purpose. We should have about twenty stations from which the alarm could be sent in and about as many gongs on which the signals should be sounded. Such apparatus as would completely meet our requirements could be installed for \$2,000.

Fire-escapes.

Chapter 381 of the Laws of 1895 requires that all buildings more than two stories high, if used for hospital purposes, shall be provided with outside fire-escapes. It, therefore, becomes obligatory upon the State authorities to construct such fire-escapes in connection with both the north and south wings of the main hospital building. The cost will be for the two escapes \$6,000.

Ordinary Repairs, Renewals and Betterments.

For ordinary repairs, renewals and betterments in the course of the year a considerable sum of money is needed. A conservative estimate of the amount needed to keep such a large institution fairly in repair has been estimated by the State Architect to be \$1,000 per month. We would, therefore, suggest that an effort be made to secure for such purposes the sum of \$12,000.

Recapitulation.

Building for men.....	
Nurses' home.....	
Sun room for hospital wards.....	\$6,000 00
Ventilation of buildings.....	3,000 00
Additional furniture.....	3,000 00
Steel ceilings	2,000 00
Painting	2,000 00
Electric clocks.....	900 00
Window frames and casings for the south wing....	2,500 00
Weed property	20,000 00

Review of State Hospitals—Special Reports of Superintendents.

Tree planting	\$800 00
Additional dynamo and engine	3,500 00
Laundry machinery	5,000 00
Ice-making apparatus	2,500 00
Renewals in main kitchen	4,000 00
Mixing machinery for the bakery	1,200 00
Congregate dining-room	4,000 00
Conduits, main kitchen to dining-rooms	5,000 00
Cementing cellar bottoms	2,000 00
Renewal of plumbing	15,000 00
Renewal of sewer	1,000 00
Additional water supply	3,000 00
Reserve reservoir and pipe connection	6,000 00
Additional pumps	5,000 00
New boilers	3,000 00
Fire alarm system	2,000 00
Fire-escapes on the main building	5,000 00
Ordinary repairs, renewals and betterments	12,000 00

ST. LAWRENCE STATE HOSPITAL.

The work that it is desirable to perform at this hospital during the fiscal year ending September 30, 1896, is as follows, the sums being the estimate prepared by the State Architect, Mr. Perry, except where otherwise stated:

Erecting and inclosing two wings to infirmary group..	\$50,237 70
Finishing two wings for infirmary group	23,158 60
Steam heating, plumbing and wiring above	11,549 70
Two permanent barns	51,734 00
Addition to boiler-house to accommodate four new boilers	14,900 00
Four boilers (Fitzgibbons)	9,450 00
For setting up four boilers	1,000 00
Erecting shop adjoining dynamo building	8,300 00
Extension to Garden cottage (for accommodation for forty additional patients recommended by the State Commission in Lunacy)	19,650 00

Review of State Hospitals—Special Reports of Superintendents.

For heating system, Garden cottage.....	\$2,000 00
For grounds and roads.....	10,000 00
For milk house	3,010 06
	<hr/>
	\$204,990 66
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In addition to the above, an apportionment should be made for extraordinary repairs, betterments and improvements of.....	\$10,000 00
For finishing the grading and for trees, shrubs, etc..	3,000 00
For furniture and equipment.....	5,000 00
	<hr/>
	\$18,000 00
	<hr/>

ROCHESTER STATE HOSPITAL.

(a) Adjoining land for grounds and garden purposes.	\$65,000 00
(b) Alms-house property	150,000 00
(c) Nurses' homes	30,000 00
(d) Tile floors (laundry and water-closets).....	45,000 00
(e) Repairs and betterments	5,000 00
(f) Summer-houses	1,675 00
(g) Furnishing, painting and refitting.....	8,700 00
(h) Out-buildings and grounds	6,700 00
(i) Mortuary and equipment	5,000 00
(j) Remodeling old rooms, female department.....	4,800 00
(k) Uniform time clocks.....	872 00
(l) Bread mixer	525 00
(m) Work-shops	2,983 00
	<hr/>
Total	\$285,755 00
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(a) The total area of lawns, gardening and farming land owned by the hospital, is but thirty-five acres. The attempt to manage a hospital for the insane without sufficient land owned by the institution for grounds and gardening purposes should no longer be continued. The importance of being able to furnish the patients

Review of State Hospitals—Special Reports of Superintendents.

with out-door occupation and recreation can not be overstated in this connection.

(b) Owing to the location of Monroe county alms-house, practically upon the same grounds with the State hospital for the insane, it is found impossible to separate the two institutions in the public mind. The only method to accomplish the separation of the insane from contiguity with the paupers in this locality is for the State to purchase the alms-house property from the county.

(c) Nurses' homes would increase the capacity of the institution and save the renting of outside cottages for employes.

(d) Cleanliness and durability require that the laundry and water-closet floors be of tile.

(e) It is necessary to continue the work of repairs and improvements in the departments and rooms of the buildings where the effects of long use and decay are a constant menace to the comfort and safety of the patients.

(f) Summer houses are needed on the hospital grounds to compensate in a measure for the lack of shade trees.

(g) The furniture, equipment and painting are constantly subjected to the severe usage unavoidable in a hospital for the insane. Constant renewals must be provided for to maintain a standard necessary to the requirements of the work attempted.

(h) The eastern slope of the grounds to Elmwood avenue should be made into a lawn, the unsightly and inflammable out-buildings removed, grading done and cement walks laid.

(i) There are now no facilities for autopsies.

(j) The old plaster, furring and lath should be removed from all the rooms in the female department and replaced by steel ceilings, fire-proof furring blocks and cement plaster.

(k) At present, no two clocks in the institution are alike, and the complications arising therefrom are innumerable.

(l) The thorough mixing of bread dough in a cleanly manner can only be accomplished by a power bread-mixer.

(m) Work shops, at a suitable distance from the buildings occupied by patients, are demanded by the needs of industries,

Review of State Hospitals—Special Reports of Superintendents.

like carpentering and painting, the materials for which are inflammable.

MATTEAWAN STATE HOSPITAL.

(a) Farmer's house.	\$4,328 00
(b) Propagating house for starting early vegetables, and green-house.	3,500 00
(c) Mortuary.	5,000 00
(d) Painting interior walls and interior and exterior woodwork.	3,500 00
(e) Books and cases and surgical instruments.	1,200 00
(f) Roadway extension.	1,500 00
(g) Shade trees and shrubbery.	700 00
(h) Extension of light along the roadway and placing our interior electric wiring in a condition to more thoroughly guard against fire.	2,000 00
(i) Building for storage of farm wagons, implements, and various agricultural tools, as well as for hay, grain and farm produce.	4,878 00
(j) Spray baths.	1,000 00
(k) Tailor-shop, and enlarging laundry.	2,500 00
(l) Porcelain hoppers.	1,200 00
(m) Fertilizers and farm improvements.	1,500 00
(n) Replacing old wooden furniture and bedsteads.	1,100 00
(o) Additional room for employes.	1,240 00
(p) Vitrified tiling for drain.	1,000 00
(q) Automatic fire sprinklers for attics. . . . .	.....
(r) Fire alarm boxes.	2,500 00
(s) Vault or fire-proof structure for storage of com- mitment papers, and for gate office.	1,300 00
(t) Veneer seatings on the wards, window guards in attics, for opening a stone quarry and for addi- tional work and superintendence.	4,500 00
(u) Deficiency appropriation for maintenance.	20,000 00

Review of State Hospitals—Special Reports of Superintendents.

(a) We have no house suitable for a farmer's dwelling. The one now occupied is old and dilapidated and too far from the barns. There needs to be some one close at hand in order to properly care for the stock. The work of the farm could also be much facilitated by having the farmer live nearer to the buildings where much of the work is to be done.

(b) We have no greenhouse for propagating house, and suffer from lack of vegetables. Without such a building the farm and garden can not be made productive.

(c) We have no place for the bodies of those who die. Autopsies now have to be held in bath-rooms or in patients' rooms, and we are obliged to allow the remains of patients to lie in such rooms while awaiting burial.

(d) The attention of the commission has been called to the necessity which exists for painting our interior walls and our exterior woodwork. This item has been asked for in previous years. This work, if allowed to remain undone much longer, would result in damage to the buildings that can not be repaired.

(e) We are in need of additions to our medical library and are poorly equipped with surgical instruments. We need a microscope and other accessories, as well as operative instruments. The books for the patients' library are without cases.

(f) Last year we built a stone road extending about half way to the village. The old road, at certain seasons of the year, was considered so impassable that the livery men in the village would refuse to come to the hospital at night. We need an approach that would be passable at all seasons.

(g) The grounds about the hospital are unprotected with either shade trees or shrubbery, and are entirely bare. We wish to relieve in some degree the barrenness and bleakness of our situation.

(h) The sum granted last year for the extension of light along the roadway was quite insufficient to complete the work. It is desirable that it should be finished for reasons then stated.

Review of State Hospitals—Special Reports of Superintendents.

(i) We need a building for the storage of farm wagons and farming implements, and also to contain hay, straw and other farm produce. At present our wagon boxes and agricultural implements are left out of doors exposed to sun, winds and rain. At present we have no place to store them. It seems a wasteful use of property not to provide for their protection and proper care.

(j) We have no spray or rain baths and desire to introduce them.

(k) We have removed the tailor-shop and sewing-room to permanent quarters over the laundry. In order to render the use of such rooms convenient, it is necessary to raise the wards of the building. We also desire at some time to make some additional changes in the way of removing the soap-making apparatus from the laundry itself.

(l) It has been recommended by a member of the commission that our iron hoppers be, so far as possible, replaced with porcelain ones. We therefore ask a sum of money sufficient to introduce them wherever such introduction is thought advisable.

(m) Portions of our farm are in great need of fertilizers, especially that portion of the grounds above the hospital where grading has been done. A considerable amount of farm acreage is also in need of enrichment by the use of manures in order to render the soil productive; as in its present condition we are apt to lose both seed and labor.

(n) We desire to replace some of our wooden furniture and old bedsteads with articles more serviceable and modern. Some of the wooden bedsteads have been in use probably for twenty years.

(o) We desire to complete some unfinished rooms in the third story now used as attics, which will give us additional rooms much needed. At present we are crowded for accommodations.

(p) Our farm receives the wash from the surface water of the neighboring farms, and the flow is quite heavy in the spring and after showers. It formerly flooded the lower portions of the farm, but is now obstructed by the embankment of the road. This is in danger of being carried away, however, or seriously damaged during the spring months. We desire to take this water where it

Review of State Hospitals—Special Reports of Superintendents.

attains large volume and carry it through vitrified pipe by means of catch-basins to a stream of water near by; otherwise the amount of damage that might be done even in a single night or day would be very large.

(*g*) Automatic fire sprinklers. We wish to introduce a system of this kind where danger of the origin of fire is greatest. As yet we have received no estimate, although the buildings have been examined by a representative of a firm dealing in such supplies.

(*r*) We wish to install a system of fire-alarm boxes, with signals and gongs.

(*s*) We are greatly in need of a vault for the storage of commitment papers. That in the steward's office is entirely too small. There is no room to classify the papers. We also need a gate office or room wherein an attendant may remain on duty at night and also by day, and in which the keys of the attendants who are absent on leave may be deposited. Mr. Perry has not yet given us an estimate for this work.

(*t*) We have some veneer seating on one of our wards which are very satisfactory and we wish to place them on the south side of the house as well. The windows in the attics are entirely unguarded, and while access to that portion of the house is not easily attained, yet we have had men escape in that direction, and we wish to guard the windows. We have a valuable stone quarry on the grounds of the hospital which we wish to utilize. We wish to obtain some money to remove the superincumbent earth and to open it for work. There are also other matters, consisting of minor improvements, which we desire to perform in the present year, too small to be itemized and yet amounting, in the aggregate, to a considerable sum, and for which we ask an appropriation.

(*u*) For several years the maintenance appropriation has not kept pace with the increased population. The cost in maintenance has not increased, but the amount granted by the Legislature has been too small for our actual needs. We incurred a deficiency last year of about \$8,000, and for several years from

Review of State Hospitals—Special Reports of Superintendents.

\$1,000 to \$2,000 have been allowed to go over. We, therefore, ask for the sum of \$20,000, being the amount of the deficiency of last year, which must be made good, and to provide as well for a deficiency of a similar amount for the current fiscal year.

4. State the total cost of new furniture, including beds and bedding, purchased by the hospital during the fiscal year.

UTICA STATE HOSPITAL.

Three thousand and eighty-five dollars and eighty-one cents.

WILLARD STATE HOSPITAL.

Total cost of furniture, as above, \$6,600.93.

HUDSON RIVER STATE HOSPITAL.

Amount, \$6,212.56.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Three thousand two hundred and thirty-eight dollars and fifty-five cents, including repairs.

BUFFALO STATE HOSPITAL.

Total cost of furniture, including beds and bedding purchased, \$3,123.

BINGHAMTON STATE HOSPITAL.

Six thousand four hundred and twenty-one dollars and three cents.

ST. LAWRENCE STATE HOSPITAL.

The total cost of new furniture, including beds and bedding, purchased during the fiscal year, was \$9,146.46.

ROCHESTER STATE HOSPITAL.

The total cost of new furniture, including beds and bedding, purchased by the hospital during the fiscal year, was \$3,475.32.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The total cost of new furniture, including beds and bedding, purchased by the hospital during the fiscal year, was \$3,587.12.

5. Give an itemized list of new machinery purchased during the fiscal year and the total cost of same.

UTICA STATE HOSPITAL.

Gordon press for printing office, with fixtures.....	\$401 20
Ten sewing-machine motors (electric).....	250 00
One crank shaper.....	274 55
One and one-half horse-power motor.....	78 00
Two eighteen-inch ventilating fans.....	40 00
Four metallic washing-machines.....	1,500 00
One spice mill.....	14 70
Total cost of same.....	<u>\$2,558 45</u>

WILLARD STATE HOSPITAL.

One engine lathe.....	\$234 00
One Union combination chuck.....	28 00
One set lathe tools.....	5 10
One wheel and lever feed-drill.....	60 20
	<u>\$327 30</u>

HUDSON RIVER STATE HOSPITAL.

One 125 horse-power Fitzgibbons patent vertical marine boiler, with trimmings and water purifier, at...	<u>\$2,005 00</u>
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

The only machinery bought and paid for during the past year was a small engine, formerly used to run the dynamo, and the cost of this piece of machinery was \$200. We expect to use it in the engineer's department.

Review of State Hospitals—Special Reports of Superintendents.

A new mangle, a new washer and a new sterilizer were purchased, at a cost of \$1,995, but not paid for until after the 1st of October.

Squandering immense sums of money has not seemed to characterize our machinery department during the past year.

BUFFALO STATE HOSPITAL.

New washing-machine.	\$292 50
One new boiler.	2,805 00
Steam pump.	400 00
Total.	<u>\$3,497 50</u>

BINGHAMTON STATE HOSPITAL.

See farm report, question 38.

ST. LAWRENCE STATE HOSPITAL.

The new machinery purchased during the fiscal year was as follows:

Duplex mangle.	\$1,500 00
Electric motor and installation for laundry.	2,800 00
Addition to electric-light plant.	1,400 00
Total.	<u>\$5,700 00</u>

ROCHESTER STATE HOSPITAL.

One ten-inch by fifteen-inch laundry engine.	\$460 00
One thirty-five inch washer.	325 00
One thirty-light gas-machine (Climax).	140 00
One dynamo, general electric, eight and one-half kilowatt, 115 voltage, 200 amperes; one dynamo, general electric, eight and one-half kilowatt, 115 voltage, sixty-five amperes.	2,496 75
One Singer sewing-machine.	30 00
One Singer buttonhole-machine.	100 00
	<u>\$3,551 75</u>

Review of State Hospitals—Special Reports of Superintendents.

6. State in detail the kind and extent of "fire protection" appliances now possessed by the hospital, and what additional means of extinguishing fires, if any, should, in your opinion, be provided; also, whether there is a regularly organized "fire brigade," and if so, describe its organization and operation.

UTICA STATE HOSPITAL.

The hospital now possesses one sixty-foot extension ladder, two hose-carts, one fifty gallon chemical engine, 1,550 feet of standard fire hose (exclusive of hose connected with the stand-pipes), six axes, five nozzles, as well as thirty-eight Babcock fire extinguishers, and eleven Miller fire extinguishers. The stand-pipes located in each of the fire-escapes are connected with one length of hose on each landing. This is not sufficient, and a request is made for an appropriation to provide the required hose. In addition to all these there are hand grenades in various parts of the building.

Our further needs in the matter of "fire protection" are set forth in the itemized schedule already given of our wants for the coming year.

The hospital has no regularly organized "fire brigade."

WILLARD STATE HOSPITAL.

We have, in a building designed for that purpose, the following appliances for fighting fire: One Silsby steam engine, the horses for which are stationed in the same building and are available day and night. One sixty-gallon chemical engine, with 200 feet of hose. One hose reel, and some ordinary ladders on an improvised truck.

In smaller hose-houses at different points upon the grounds are four other hose reels, each provided with from 400 to 600 feet of hose. Eight ten-gallon Babcock extinguishers are scattered through the different administration buildings, and thirty-five or forty smaller extinguishers of different makes are distributed

Review of State Hospitals—Special Reports of Superintendents.

through various wards, which also contain a supply of hand grenades. There are inside stand-pipes with reels of hose attached in all of the bath-rooms of the main building. The above equipment is considered to afford fire protection for all the buildings, except the branch, and in order to make this building perfectly safe there should be either a water-tower of sufficient height to afford good pressure there, or the same end should be sought by the Holly system of pumping.

We need a new hook and ladder truck, some additional hose, and an electric fire alarm system to complete the organization.

A regular fire brigade was organized last spring and has been constantly drilled through the summer, until now it is, we hope, capable of doing good work. The brigade is divided into three hose companies, a hook and ladder company, a chemical engine company, and a steam fire engine company, each of which has a captain, while all are under the direction of a marshal and his assistants, the latter offices being filled by some of the assistant physicians.

HUDSON RIVER STATE HOSPITAL.

We have nothing special in the way of fire protection. There are stand-pipes and hose and fire-pails and portable extinguishers in each ward. We should have hydrants outside of the men's department and those near the main building need renewing. There should also be two or three outside iron stairways on the main building and all of the wards should be better supplied with portable extinguishers. We should also have a chemical engine.

A fire brigade is now being organized.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(1) We have at this institution a system of automatic fire sprinklers throughout the wards, basements, and attics of Talcott hall, pavilion one and two, annexes one and two, the kitchen building, the laundry building, and the boiler-house. In the

Review of State Hospitals—Special Reports of Superintendents.

main building there is a system of perforated pipes attached to the ceiling in each ward. Fire hose are placed upon each floor, and in the basements of all the large buildings devoted to the care of the insane. Each ward is also supplied with hand grenades, fire extinguishers, and fire-pails. Barrels of water are placed at regular intervals in all the basements of all the buildings. Water is drawn into the various bath tubs every night, for use in an emergency. Also a pail of water is placed near each attendant's door. There are also hydrants in the rear of every building at convenient points. Each building that is more than two stories high is supplied with fire-escapes. We have either cast-iron "treads and risers," or woven-wire "treads and risers." The escapes are wide, so that attendants may carry patients down on stretchers if necessary.

(2) I do not know of any additional measures for the protection of our patients from fire, unless it be the substitution of the Kirker-Bender escape for those in present use. The Kirker-Bender escape is a cylinder of steel six feet in diameter, extending from the ground to the top of the building which it is designed to protect. Within this cylinder is a spiral groove steel slide down which the patients may descend from the top story to the bottom with great rapidity, ease, comfort, and pleasure. I understand that one of the leading amusements in the Central Kentucky asylum is that of allowing the patients to slide down the fire escape when the roller coaster is out of order. Dr. H. K. Pusey, superintendent of the Central Kentucky asylum, at Lakeland, Ky., writes me that he has seen sixty-eight patients delivered from this fire-escape in one minute. A more safe or speedy or satisfactory delivery could hardly be imagined. The makers of the Kirker-Bender escape are always willing to explain their invention, and are so confident of its merits that they court scrutiny of the most active and incessant variety.

(3) The attendants and employes are all instructed to use every precaution to prevent fire at all times. A fire brigade has been organized under the direction of the male supervisor. There are

Review of State Hospitals—Special Reports of Superintendents.

weekly drills in the work of attaching hose to hydrants and other evolutions.

BUFFALO STATE HOSPITAL.

The hospital is protected against fire by the following appliances: The city of Buffalo maintains within three blocks of the hospital a fire engine company, the engine-room of which is connected with every ward of the hospital and with every building upon the grounds, by an electric alarm, from which a call can be sent to the engine-house with a response on the part of the department in less than two minutes. Hydrants, provided with city water pressure, which can be supplemented by the hospital pumps, surround the buildings completely. Every ward is also provided with a stand-pipe with hose attached, which can be drawn from its reel or box and water turned on instantly. The wards are also supplied throughout with Miller or Rex fire extinguishers, about four to each ward. A new set of Rex fire extinguishers has been estimated for. Bath tubs and pails are filled with water at night.

All the wards on the easterly wing, eleven in number, are also provided with Worcester fire pails, five on each ward. Hose cart, ladders, axes, etc., are in readiness for prompt use at the engine-room, and under the charge of the chief engineer. Fire-escapes are supplied about the buildings and such patients as are able have been exercised in their use. The nurses and attendants are instructed, both verbally and by printed rules, as to conduct in case of fire, but no regular fire brigade or drill is organized, reliance being had upon the city department near at hand, the firemen of which make frequent visits to the hospitals and are familiar with the location of the wards, hydrants, etc.

BINGHAMTON STATE HOSPITAL.

The apparatus for fire protection possessed by the hospital consists of a fifty-five gallon chemical engine on wheels; fifty Babcock fire extinguishers; two hose-carts, and one hook and ladder truck; numerous hand grenades and fire buckets on the wards and stand-pipes with hose connected ready for instant use on every floor occupied by patients. A trained fire department con-

Review of State Hospitals—Special Reports of Superintendents.

sisting of about fifty men is frequently drilled in the use of the fire apparatus. A crude electric fire alarm service is in operation, but it is so imperfect that it can not be relied upon to give accurate signals. I would recommend that the Gamewell fire alarm or some other equally good system be installed. It is very important that this should be done soon as it will be readily appreciated that a few minutes delay at the commencement of a fire may cost many thousands of dollars. I would also recommend that a considerable number of additional fire extinguishers be provided and that outside fire-escapes be constructed in connection with the north and south wings of the main building in compliance with the law. The hospital should also have a suitable building for housing the fire apparatus.

ST. LAWRENCE STATE HOSPITAL.

The "fire protection" appliances now possessed by the hospital consist of three hose carts, with an aggregate of about twelve hundred feet of two and one-half inch hose; a hook and ladder wagon; 180 chemical fire extinguishers; a large number of chemical fire pails distributed about the buildings; and stand pipes at not greater distance apart than 100 feet. The fire organization of the hospital has at its head a chief marshal, who is the first assistant physician. He has two assistant marshals. There are three hose companies, with a captain and regular organization for each; one hook and ladder company; three life-saving corps; and the necessary engineers and electricians, all of whom are employes and officers of the hospital. Drills are had at unexpected times by giving a false alarm. We have the Gamewell fire alarm system and it has never yet failed to work properly, after three years' experience with it.

ROCHESTER STATE HOSPITAL.

There is, extending completely around the buildings, an eight-inch pipe which is taken from the main conduit that runs in front of the buildings from the Rush reservoir to the Rochester reservoir; there are eight hydrants attached to this pipe, located con-

Review of State Hospitals—Special Reports of Superintendents.

veniently for attaching hose; there is in each wing, extending from cellar to attic, a stand-pipe, with hose attachments on each floor; also hose on each ward sufficient to cover the floor space; a steam pump is connected to this pipe-line ready for use in case the pressure should be inadequate. Near each hose attachment is located a Babcock fire extinguisher, six fire-pails filled with water and a group of hand-grenades. Each night all bath-tubs are filled with water and pails are placed near at hand. In the central building, which contains the kitchens and dining-rooms, an automatic sprinkler is placed in the attic in addition to the stand-pipe and hose. In the laundry there are three stand-pipes with hose attachments on each floor and both floors are supplied with automatic sprinklers.

We have no fire brigade. The engineer frequently inspects the fire appliances and tests them, and attendants are detailed to go with him for instruction as to the location and use of the fire appliances. The attendants also receive instruction in the training school as to what they shall do in case of fire.

An electric fire alarm system extends from the central office throughout the buildings, which is tested daily. A direct communication and call to the city fire department is also located in the central office.

There are five outside fire-escapes placed conveniently for egress. Two are used daily by patients and the others occasionally, so that they acquire the habit of going down them.

In my opinion the electric fire alarm system should be replaced by one of modern construction, arranged so that an alarm can be given from any department. The hospital should also be supplied with a hose-cart, extension ladders and hose or attachment to the outside hydrants. A fire brigade should be organized among the employes and regularly drilled in their use. The automatic sprinkling system should be extended to all parts of the attics and basements.

In addition to these appliances the inflammable mansard roof and wood-furring of the female department should be replaced by a slate roof and terra-cotta furring blocks.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

We have twenty-eight hose-brackets, each containing fifty feet of two-inch line hose, and two other brackets supplied with 100 feet of similar hose. Each hose length is provided with a nozzle and is at all times in connection with stand-pipes, and they are so arranged as to command every portion of the first and second story floors in case of fire. We also have twenty-six chemical fire pails, seventeen fibre-ware fire pails filled with water, three junior Babcock fire extinguishers, six Miller fire extinguishers, fifty Rex fire extinguishers, and thirty-three chemical hand-grenades distributed at various points throughout the buildings. In the lower story of the building erected for the storage of water, which also serves as a hose tower, we have a hose-cart containing 800 feet of two and a half inch hose. A second cart, with 214 feet of hose, is stationed at the farm barns. We have distributed upon the grounds in such proximity to the buildings as to command them in case of fire, ten hydrants; and three additional hydrants at the farm barn and piggeries. We have three extension ladders fifty feet long; one extension ladder forty-five feet long and one ladder thirty-five feet long. In addition, and in accordance with the statute, we constantly keep our bath-tubs filled with water, with pails placed near them ready for use. We have no regular organized "fire brigade," although the attendants have been for the past two years occasionally drilled at intervals in the use of fire hose, hydrants, hose-carts and ladders, and have received instruction in handling the fire extinguishers. Our additional needs comprise a system of automatic fire sprinklers, some additional remodeling of our interior electric wiring and a system of fire alarm gongs for which we shall ask appropriations this year.

One woodworker, universal	\$290 00
One turning lathe	59 50
One Prentice drill	80 00
Emery wheel	27 58
One Jarecki pipe machine, complete.....	300 00
Shafting, pulleys and belting for all the above.....	106 67

Review of State Hospitals—Special Reports of Superintendents.

One mowing machine.....	\$35 00
One boat pump	6 00
One hose reel	25 00
One grindstone	2 40
One cutting box for feed.....	64 55
<hr/>	
Total.	\$996 70
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7. Give the yearly and weekly per capita cost of maintenance, inclusive of the care, medical treatment and transportation of patients, salaries and wages, ordinary repairs, and all other incidental expenses, inclusive of estimates 1 to 12, and exclusive of expenditures made under special appropriations or apportionments.

UTICA STATE HOSPITAL.

Yearly per capita cost, \$199.82; weekly, \$3.84.

WILLARD STATE HOSPITAL.

The yearly per capita cost of maintenance, as above, was \$147.42.
The weekly per capita cost, \$2.83.

HUDSON RIVER STATE HOSPITAL.

Yearly per capita cost, \$204.80; weekly per capita cost, \$3.92.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Yearly per capita cost, \$195.312; weekly per capita cost, \$3.756.

BUFFALO STATE HOSPITAL.

Yearly per capita cost, \$183.56; weekly per capita cost, \$3.53.

BINGHAMTON STATE HOSPITAL.

Yearly per capita cost, \$186.68; weekly per capita cost, \$3.59.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

Yearly per capita cost, \$219.85; weekly per capita cost, \$4.23.

ROCHESTER STATE HOSPITAL.

Yearly per capita cost, \$233.44; weekly per capita cost, \$4.50.

MATTEAWAN STATE HOSPITAL.

Yearly per capita cost (items 1 to 12), \$208.963; weekly per capita cost (items 1 to 12), \$4.01853. This does not include expenditures made under special appropriations, though by reason of a small allowance made by the Legislature, some work being either not at all provided for or insufficiently, several items of an extraordinary nature are included in the above statement. These being necessary, were paid from maintenance.

8. Give the number of patients present at the beginning of the fiscal year; number admitted, number discharged, recovered, improved and unimproved, number died, total discharged, whole number treated, and average daily population during the year.

UTICA STATE HOSPITAL.

On the first day of October, 1894, being the beginning of the fiscal year, there were 999 patients on the books. Of these 487 were men and 512 women. The admissions were: Men, 260; women, 134; total, 394. Of this number, fifteen were readmissions after discharge during the year.

There were discharged during the year, including deaths, 401 patients, of whom 277 were men, and 124 women. Recovered, 94; improved, 42; unimproved, 162; not insane, 5; died, 98. The whole number treated during the year was 1,393, and the daily average population during the year was 1,004.

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

Number of patients present at the beginning of the fiscal year.	2,165
Number admitted.	348
Number discharged, recovered.	61
Improved.	30
Unimproved.	78
Number died.	143
Total discharged.	312
Whole number treated.	2,513
Average daily population.	2,188

HUDSON RIVER STATE HOSPITAL.

Number of patients present October 1, 1895.	1,507
Admitted during the year.	564
Discharged, recovered.	121
Discharged as not recovered.	214
Died.	149
Discharged as "not insane".	2
Total number discharged during year.	486
Total number treated during the year.	1,993
Average daily population during year.	1,483

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Present October 1, 1894.	1,027
Admitted during year.	278
Discharged, recovered.	106
Discharged, improved.	12
Discharged, unimproved.	8
Discharged, dead.	82
Whole number discharged.	210
Whole number treated.	1,325
Average daily population.	1,097

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

Patients present October 1, 1894.....	724
Admitted during year.....	436
Discharged, recovered.....	102
Discharged, improved.....	81
Discharged, unimproved.....	24
Discharged, died.....	73
Discharged, inebriates.....	11
Total.....	291
Whole number treated.....	1,160
Average daily population.....	800

BINGHAMTON STATE HOSPITAL.

Number of patients present at beginning of fiscal year..	1,219
Number admitted.....	218
Number discharged removed.....	61
Number discharged as improved.....	42
Number discharged as unimproved.....	26
Number died.....	82
Total discharged.....	211
Whole number treated.....	1,437
Average daily population.....	1,222

ST. LAWRENCE STATE HOSPITAL.

Patients remaining October 1, 1894.....	1,100
Admitted.....	449
Discharged, recovered.....	69
Improved and unimproved.....	94
Not insane.....	5
Died.....	128
Total discharged.....	296
Whole number treated during the year.....	1,549
Daily average population.....	1,152

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

	Men.	Women.	Total.
Remaining October 1, 1894	213	222	435
Admitted during year ending Sept. 30, 1895.	91	105	196
Total number under treatment during year.	304	327	631
Daily average population	328	233	661
Capacity of institution	200	250	450
Discharged during the year:			
As recovered	11	19	30
As not recovered	28	38	66
As not insane .....	....	1	1
Died	29	26	55
Whole number discharged during the year.	68	84	152
Remaining Oct. 1, 1895	236	243	479

MATTEAWAN STATE HOSPITAL.

Number of patients October 1, 1894.....	453
Admitted during the year.....	146
Discharged recovered during the year.....	47
Discharged, improved.....	10
Discharged, unimproved.	7
Died.....	19
Total number discharged.....	85
Whole number treated.	599
Average daily population.....	490.88

Review of State Hospitals—Special Reports of Superintendents.

9. Give the percentage of recoveries on the number of patients admitted, on the average daily population, on the whole number treated, and on the number discharged, including deaths, and on the whole number discharged not including deaths, during the fiscal year.

UTICA STATE HOSPITAL.

	Per cent.
Percentage of recoveries on number of patients admitted,	23.85
On average daily population.....	9.36
On whole number treated.....	6.74
On number discharged, including deaths.....	23.44
On number discharged, not including deaths.....	31.02

WILLARD STATE HOSPITAL.

	Per cent.
Percentage of recoveries on number of patients admitted,	17.5
On average daily population.....	2.7
On the whole number treated.....	2.4
On number discharged, including deaths.....	19.5
On the whole number discharged, not including deaths..	36.0

HUDSON RIVER STATE HOSPITAL.

	Percent.
Percentage of recoveries on number admitted.....	21
Percentage of recoveries on average daily population..	.08½
Percentage of recoveries on whole number treated.....	.06¾
Percentage of recoveries on number discharged, including deaths.....	25
Percentage of recoveries on number discharged, not including deaths.....	33

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL,

	Per cent.
Percentage of recoveries on whole number admitted....	38.12
On average daily population.....	9.66
On whole number treated.....	8.00
On whole number discharged, including deaths.....	50.47
Not including deaths.....	82.03

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

	Per cent.
Percentage of recoveries on number admitted.....	21.10
Percentage on average population.....	12.75
Percentage on whole number treated.....	8.79
Percentage on number discharged, not including deaths..	49.22
Percentage on number discharged, including deaths....	35.05

BINGHAMTON STATE HOSPITAL.

	Per cent.
Percentage of recoveries on admissions.....	28
Percentage of recoveries on average daily population...	5
Percentage of recoveries on whole number treated.....	4
Percentage of recoveries on whole number discharged..	28
Percentage of recoveries on whole number discharged, not including deaths.....	47

ST. LAWRENCE STATE HOSPITAL.

	Per cent.
Percentage on the whole number of admissions.....	15
Percentage on the daily average population.....	5.9
Percentage on the whole number treated.....	4.4
Percentage on the whole number discharged, including deaths.....	23
Percentage on the whole number discharged, not including deaths	41.1

ROCHESTER STATE HOSPITAL.

	Per cent.
Recoveries on number admitted.....	15.3
Recoveries on average daily population.....	6.5
Recoveries on whole number treated.....	4.75
Recoveries on number discharged, including deaths....	19.7
Recoveries on whole number discharged not including deaths	30.9

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

	Per cent.
Percentage of recoveries on number of patients admitted.	32.19
Percentage of recoveries on daily average population...	9.57
Percentage of recoveries on whole number treated.....	8.41
Percentage of recoveries on number discharged, including deaths	55.27
Percentage of recoveries on whole number discharged, not including deaths.....	71.22

10. Give the percentage of deaths on the number of patients admitted, on the average daily population, on the whole number treated, and on the number discharged during the fiscal year.

UTICA STATE HOSPITAL.

	Per cent.
Percentage of deaths on number admitted.....	24.87
Percentage of deaths on average daily population.....	9.76
Percentage of deaths on whole number treated.....	7.03
Percentage of deaths on number discharged.....	24.43

WILLARD STATE HOSPITAL.

	Per cent.
Percentage of deaths on the number of patients admitted,	41
Percentage on the average daily population.....	6.5
Percentage on whole number discharged.....	5.6
Percentage on the number discharged.....	45.7

HUDSON RIVER STATE HOSPITAL.

	Per cent.
Percentage of deaths on number of patients admitted..	26
Percentage of deaths on average daily population.....	10
Percentage of deaths on whole number treated.....	06
Percentage of deaths on number discharged.....	30

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

	Per cent.
Percentage of deaths on number admitted.....	29.14
Percentage on average daily population.....	7.47
Percentage on number treated.....	6.18
Percentage on number discharged.....	39.04

BUFFALO STATE HOSPITAL.

	Per cent.
Percentage of deaths on number admitted.....	16.09
Percentage on average daily population.....	9.125
Percentage on whole number treated.....	6.29
Percentage on number discharged.....	25.09

BINGHAMTON STATE HOSPITAL.

	Per cent.
Percentage of deaths on admissions.....	37
Percentage of deaths on average daily population.....	6.7
Percentage of deaths on whole number treated.....	5.7
Percentage of deaths on number discharged during year..	38.8

ST. LAWRENCE STATE HOSPITAL.

	Per cent.
Percentage on the number of admissions.....	28
Percentage on the daily average population.....	11
Percentage on the whole number treated.....	8.3
Percentage on the number discharged.....	43

ROCHESTER STATE HOSPITAL.

	Per cent.
Deaths on number admitted.....	28
Deaths on average daily population.....	11.9
Deaths on whole number treated.....	8.7
Deaths on whole number discharged.....	36.1

MATTEAWAN STATE HOSPITAL.

	Per cent.
Percentage of deaths on number of patients admitted....	13.01
Percentage of deaths on average daily population.....	3.87
Percentage of deaths on whole number treated.....	3.17
Percentage on number discharged during fiscal year....	22.35

Review of State Hospitals—Special Reports of Superintendents.

11. Give the whole number of inebriates (including alcoholic, opium and other narcotic habitues) discharged during the fiscal year, and state whether these are classed as "recovered" or "not insane" in your annual report.

UTICA STATE HOSPITAL.

Whole number of inebriates discharged, four; three men, one woman.

These were classed as "not insane."

WILLARD STATE HOSPITAL.

No patients in the above class were discharged during the fiscal year. When such are included in our annual report, they are classed as "not insane."

HUDSON RIVER STATE HOSPITAL.

Two inebriates were discharged during the year and these were classed as "not insane" in our annual report.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

None.

BUFFALO STATE HOSPITAL.

Whole number of inebriates, eleven; classed in annual report as "not insane."

BINGHAMTON STATE HOSPITAL.

None.

ST. LAWRENCE STATE HOSPITAL.

Five discharged "not insane."

ROCHESTER STATE HOSPITAL.

One liquor and opium habitue classed as "not insane."

MATTEAWAN STATE HOSPITAL.

One male patient was committed while suffering from acute alcoholism, and was discharged as "not insane" in the annual report.

Review of State Hospitals—Special Reports of Superintendents.

12. Of those discharged recovered during the previous fiscal year, state how many were readmitted prior to October 1, 1895.

UTICA STATE HOSPITAL.

Of those discharged "recovered" during the previous fiscal year, there were readmitted prior to October 1, 1895, ten; five men and five women.

WILLARD STATE HOSPITAL.

Four men and one woman.

HUDSON RIVER STATE HOSPITAL.

Twenty-two; thirteen men and nine women.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Ten.

BUFFALO STATE HOSPITAL.

Of those discharged recovered during the previous fiscal year there were nine readmitted prior to October 1, 1895.

BINGHAMTON STATE HOSPITAL.

Of those discharged recovered during the previous fiscal year three were readmitted prior to October 1, 1895.

ST. LAWRENCE STATE HOSPITAL.

Ten patients were readmitted prior to October 1, 1895, who were discharged the previous year as recovered.

ROCHESTER STATE HOSPITAL.

Of those discharged "recovered" during the previous year, two women were readmitted prior to October 1, 1895.

MATTEAWAN STATE HOSPITAL.

Four.

Review of State Hospitals—Special Reports of Superintendents.

13. Section thirteen of chapter 446 of the Laws of 1874 provides:

“The managers shall maintain an effective inspection of the asylum, for which purpose they shall make frequent visitations, a majority of them once every quarter, and the whole board once a year, at the times, and in the manner prescribed in the by-laws. In a book kept by the managers for this purpose, the visiting manager or managers shall note the date of each visit, the condition of the house, patients, with remarks of commendation or censure, and all the managers present shall sign the same. The general results of the inspections, with suitable hints, shall be inserted in the annual reports, detailing the past year’s operations, and actual state of the asylum, which the managers shall make to the Legislature in the month of January of each year, accompanied with the annual reports of the superintendent and treasurer.”

Give the number of actual inspections of the hospital by each manager or trustee during the fiscal year ending September 30, 1895, under the provisions of the above statute, and the substance of the recommendations made in connection therewith regarding the care and treatment of patients, and the general welfare of the hospital.

UTICA STATE HOSPITAL.

There were 190 visits recorded to the credit of managers, and others were made when no record was entered. Their recommendations covered almost every department of hospital activity.

WILLARD STATE HOSPITAL.

The managers have had five regular meetings during the year, besides seven special meetings, at the hospital, and individual members of the board have made frequent visits during this time. Their recommendations have always been verbal.

HUDSON RIVER STATE HOSPITAL.

There are regular bi-monthly meetings of the board when a majority of the managers are always present. The hospital is thoroughly inspected at such times, and a record of such inspections, with comments and suggestions, is made in a book kept for the

Review of State Hospitals—Special Reports of Superintendents.

purpose. In addition, the local managers make unannounced visits from time to time, which, as a general thing, are not recorded. The members of the executive committee necessarily give considerable time to the affairs of the hospital, while scarcely a week passes in which I do not consult the president of the board in regard to questions of management.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(a) The number of actual inspections of the hospital by each trustee is as follows:

Mr. Burt	6
Mr. Graham	4
Mr. Macardell	14
Mr. Clark	13
Dr. Wetmore	5
Mr. McCroskery	3
Mr. Decker	5
Mr. Hayes	13
Dr. T. F. Allen	3
Mr. Devoe	3
Mr. Slote	3
Mr. Vanamee	4
Mr. Stivers	1
Mayor Stansbury	4

(b) The trustees at their meetings have recommended a compliance with all the statutes providing for the better care of the insane. They have recommended a new boiler-house, and an addition to the boilers on hand—that is, the removal of some of the old boilers, and the substitution of suitable new boilers in their stead. They have approved of the recommendations made by the medical superintendent for improvement of the wards and grounds and hospital generally. They have recommended the erection of new buildings for hospital purposes, in order to relieve the overcrowding which now exists in some portions of the establishment. They have recommended a careful inspection of all ex-

Review of State Hospitals—Special Reports of Superintendents.

penditures, and the approval or auditing of bills only when satisfied that they are proper, and that the right quality and quantity of all articles bought had been secured. At the last meeting they directed the medical superintendent to select and appoint, whenever it seemed necessary, a policeman from the force of attendants already employed, and in accordance with the civil service rules, and the recommendations of the State Commission in Lunacy.

BUFFALO STATE HOSPITAL.

We hereby submit a list of the visits made by the managers to the hospital. In the cases of a few, their terms of office during that year were short and but few visits were made.

Mr. Meech.....	12
Mr. Park.....	3
Mr. Lathrop.....	14
Mr. Tremaine.....	3
Mr. Kirkover.....	1
Mr. Roehner.....	12
Mr. McMillan.....	13
Mr. Cronyn.....	6
Mr. Irish.....	11
Mr. Pound.....	2
Mr. Hall.....	3
Mr. Dudley.....	1
Mrs. Williams.....	9
Mrs. Glenney.....	2
Mrs. Stoddard.....	2
Mrs. Altman.....	1
Total.....	92

The managers have personally recorded forty-nine visits in the managers' book, the record including visits of the boiler, building and furniture committees, notes of inspection of the wards, food, kitchens, new buildings and conversation with patients. There are no criticisms or recommendations in the managers' record. All

Review of State Hospitals—Special Reports of Superintendents.

notes are those of satisfaction and commendation. Verbal instructions and advice in regard to details, supplies to certain patients, plans for buildings, approval of plans, etc., have been made at each visit.

BINGHAMTON STATE HOSPITAL.

I am unable to state the exact number of visits or inspections made at the hospital by the trustees during the year, owing to the fact that many visits were made about the premises by trustees who did not take time to come to the office to record their presence at the institution.

ST. LAWRENCE STATE HOSPITAL.

It is probably unfortunate that the managers have failed to record their observations at each visit to the hospital, but such is the case. Neither is there a complete record of all the visitations of the managers, as they have made frequent visits to the hospital and have investigated portions of it without informing the superintendent or any other officer, and thus have not had a record made of their visitations. Estimating the number of visits from committees and managers during the course of the year, it can be placed low at fifty-two, or one weekly, and the probabilities are that it exceeds that number.

ROCHESTER STATE HOSPITAL.

The number of actual inspections of the hospital by each manager during the fiscal year, has been:

Miss Rochester	16
Dr. O'Hare	3
Mrs. Graham	6
Mr. Burritt	3
Mr. Miller	7
Mr. Vick	6
Mr. Starkweather	6
Total number of visits	47

Review of State Hospitals—Special Reports of Superintendents.

In connection therewith it was recommended, regarding the care and treatment of patients, and the general welfare of the hospital, that the insufficient water supply should be remedied by an extension of an eight-inch main with hydrants about the institution, which should be supplemented by a large force pump to supply the needed pressure in case of fire, and in maintaining a proper domestic water service. Also that the work of remodeling the old building (interrupted by building operations necessitated by the fire), be renewed. Also that 100 acres of adjoining land, including a grove of trees, and the "Brighton Wells" be purchased as an extension of the grounds and garden. Also that the mansard story of the female department, which is a veritable fire trap of cheap construction, be removed, and that an infirmary building for the care of the more feeble patients be constructed, with a special department for the isolation of cases of contagious diseases. Also that the adjoining alms-house property be purchased by the State hospital to accomplish in name, as well as in fact, the separation of the insane from contiguity with paupers.

MATTEAWAN STATE HOSPITAL.

The provisions of the statute quoted do not apply to the Matteawan State Hospital, which is under the control and subject to the visitations of the Superintendent of State Prisons, who makes inspections here from time to time, and also requires in addition, the medical superintendent to report in person at the central office at Albany.

14. Give the ratio of physicians, both exclusive and inclusive of medical superintendent and internes, to patients.

UTICA STATE HOSPITAL.

Exclusive of medical superintendent, 1 to 201.

Inclusive of medical superintendent, 1 to 167.

The hospital has no interne.

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

Ratio of physicians, exclusive of medical superintendent and internes, to patients, 1 to 273.

Inclusive of medical superintendent and internes, 1 to 199.

HUDSON RIVER STATE HOSPITAL.

The ratio of physicians to patients exclusive of medical superintendent and interne is 1 to 212, while inclusive of medical superintendent and interne it is 1 to 165.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(a) Exclusive of medical superintendent and interne, 1 to 223.

(b) Inclusive of medical superintendent and interne, 1 to 159.

BUFFALO STATE HOSPITAL.

Ratio of physicians to patients (exclusive of medical superintendent and interne), 1 to 160.

Ratio of physicians to patients (inclusive of medical superintendent and interne), 1 to 124.

BINGHAMTON STATE HOSPITAL.

Based on the average daily population (exclusive of medical superintendent and internes), 1 to 203.

Based on the average daily population (inclusive of medical superintendent and internes), 1 to 135.

ST. LAWRENCE STATE HOSPITAL.

Exclusive of medical superintendent and internes, 1 to 179.

Inclusive of medical superintendent and internes, 1 to 139.

ROCHESTER STATE HOSPITAL.

The ratio of physicians (exclusive of superintendent and internes) to patients, is 1 to 153.

Ratio of physicians (inclusive of superintendent and internes) is 1 to 92.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The ratio of physicians to patients (exclusive of the medical superintendent and interne) is 1 to 163.63.

The ratio (inclusive of medical superintendent and interne) is 1 to 98.18.

15. Give the name, rank, date of appointment, previous experience, if any, in the care and treatment of the insane; also in general hospital or private practice of the present medical officers, and the length of service which each has had as such in hospitals or asylums for the insane.

UTICA STATE HOSPITAL.

G. Alder Blumer, superintendent. Date of appointment, December 14, 1886; previous experience, as assistant physician, six and one-half years (acting superintendent, one year); before his engagement as assistant physician at the State Lunatic Asylum in June, 1880, he was house physician at the German Hospital, Philadelphia, Pa.

William Mabon, first assistant physician. Date of appointment, February 8, 1892; previous experience, as second assistant, two years; as third assistant, two years, three months; as fourth assistant, seven months; as assistant at Morris Plains, N. J., Asylum, one and one-half years; and in general practice, three and one-half years; also one year as house physician and surgeon at the Jersey City Charity Hospital.

Harold L. Palmer, second assistant physician. Date of appointment, October 11, 1893; previous experience, as third assistant physician, one year and seven months; as fourth assistant physician, one month; two years as house physician at Mount Sinai Hospital, New York city.

Walter C. Gibson, third assistant physician. Date of appointment, October 10, 1894; previous experience, as fourth assistant physician, nine months; in service at Bellevue Hospital, New York, two years.

Review of State Hospitals—Special Reports of Superintendents.

J. Nelson Teeter, fourth assistant physician. Date of appointment, October 10, 1894; previous experience, six months at Ward's Island Asylum; two years in Bellevue Hospital, New York.

Clara Smith, woman assistant physician. Date of appointment, May 15, 1891; previous experience, New York Infirmary for Women and Children, interne, one year; private practice, two years in city of Syracuse. N. Y.

WILLARD STATE HOSPITAL.

Theodore H. Kellogg, superintendent, May 2, 1893. Compensation, \$4,000 per year. Experience, seven years first assistant physician New York City Lunatic Asylum; two years medical superintendent New York City Asylum for the Insane; three and one-half years first assistant physician Hudson River State Hospital; two years physician in charge of Sanford Hall; four years medical study in Europe.

Henry P. Frost, first assistant physician, August 1, 1891. Compensation, \$1,800 per year. One year in general practice and sixteen months as assistant physician in New York City Asylum for the Insane (males), Ward's Island, N. Y.

Samuel F. Mellen, assistant physician, March 16, 1891. Compensation, \$1,300 per year. Three years in general practice and nine months in Dr. Parsons' private hospital at Sing Sing, N. Y.

Thomas J. Currie, assistant physician, December 1, 1891. Compensation, \$900 per year. Two years in Harlem Reception Hospital (Bellevue branch) and one year and a half in general practice.

George O'Hanlon, assistant physician, October 14, 1893. Compensation, \$1,200 per year. One year clinical assistant at Willard State Hospital; one year clinical assistant Baltimore City Hospital, Baltimore, Md.; ten months assistant physician Kings County Insane Asylum, Flatbush, N. Y.; four months assistant physician St. Lawrence State Hospital.

Frederick E. Bowlby, assistant physician, January 1, 1895. Compensation, \$900 per year. One year as medical interne, Willard State Hospital.

Review of State Hospitals—Special Reports of Superintendents.

Charles F. Sanborn, assistant physician, February 1, 1895. Compensation, \$900 per year. One year in Bellevue Hospital; six months on Ward's Island, and three months at Flatbush.

Robert E. Doran, assistant physician, February 19, 1895. Compensation, \$900 per year. Fifteen months house physician and surgeon in Albany Hospital.

Caroline L. Bristol, woman assistant physician, March 22, 1894. Compensation, \$1,200 per year. One year in New England Hospital for Women, and two years and seven months in St. Lawrence State Hospital.

HUDSON RIVER STATE HOSPITAL.

Charles W. Pilgrim, M. D., superintendent. Date of appointment, May 1, 1893; previous experience, eighteen months on the house staff of Bellevue Hospital, New York city; one year assistant physician Asylum for Insane Criminals, Auburn, N. Y.; seven years assistant physician Utica State Hospital; three years superintendent Willard State Hospital, and one year in the hospitals of Europe.

J. Elvin Courtney, M. D., first assistant physician. Date of appointment, April 1, 1894; previous experience, four years general practice; ten months as assistant physician Ward's Island; one year's service as clinical assistant at Bloomingdale; two years assistant physician Hudson River State Hospital and two years and four months at the State Asylum for Insane Criminals.

Charles H. Langdon, M. D., second assistant physician. Date of appointment, April 1, 1882; previous experience, Hudson River State Hospital four years and general practice four years.

Isham G. Harris, M. D., third assistant physician. Date of appointment November 19, 1891; previous experience, two years in hospital practice.

Thomas E. Bamford, M. D., fourth assistant physician. Date of appointment, June 15, 1893; previous experience, Bellevue Hospital, New York city, eleven months; Willard State Hospital, two years and eight months.

Review of State Hospitals—Special Reports of Superintendents.

Paul A. Phillips, M. D., fifth assistant physician. Date of appointment, December 16, 1893; previous experience, two years and two months at Blackwell's Island, New York city, and three and one-half months as medical interne at Hudson River State Hospital.

Frederick A. Williams, M. D., sixth assistant physician. Date of appointment, February 17, 1894; previous experience, one year in Albany City Hospital, ten months in Albany County Almshouse and fifteen months in private practice.

Emma Putnam, M. D., resident woman physician. Date of appointment, April 1, 1894; previous experience, interne at Woman's Hospital, Philadelphia, Pa., September, 1883, to October, 1894; in general practice for three years.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Selden H. Talcott, M. D., medical superintendent. Date of employment, April 24, 1877. Had experience for nearly two years in the care of 150 insane patients on Ward's Island previous to coming here; was also chief of staff of the Homeopathic General Hospital, Ward's Island, from 1875 to 1877, and at the same time was medical director of the Soldiers' Home of New York city, and medical superintendent of the New York City Asylum for Inebriates. Dr. Talcott had over three years of private practice before engaging in hospital or asylum work.

George Allen, M. D., first assistant physician. Date of employment, May 1, 1890. Previous experience of over one year as assistant physician in the Homeopathic Hospital, Ward's Island, including in one department a population of 150 insane men and women; also twelve years of private practice before entering the service of this institution.

C. Spencer Kinney, M. D., second assistant physician. Date of employment, December 1, 1880. Had experience in the Homeopathic Hospital, Ward's Island, and also at this hospital. Previous to appointment performed the duties of second assistant during the illness of Dr. N. Emmons Paine.

Review of State Hospitals—Special Reports of Superintendents.

Daniel H. Arthur, M. D., third assistant physician. Was employed as an interne at this hospital May 1, 1887, and was appointed third assistant physician December 9, 1888.

Maurice C. Ashley, M. D., fourth assistant physician. Date of employment, September 1, 1892. Previously served seven years in the capacity of nurse, pharmacist and as medical student in a hospital for the insane.

Clara Barrus, M. D., woman assistant physician. Date of employment, March 1, 1893. Previous experience, house physician one year at Massachusetts Homeopathic Hospital, Boston, Mass., and four years of general practice.

BUFFALO STATE HOSPITAL.

Arthur W. Hurd, A. M., M. D., superintendent. Appointed assistant physician August, 1885; appointed first assistant physician in January, 1889; appointed superintendent November 13, 1894; ten years' experience in a hospital for the insane; eighteen months' experience in a general hospital.

Percy Bryant, M. D., first assistant. Appointed third assistant physician in May, 1889; appointed first assistant physician January, 1895; seven years' experience in a hospital for the insane, two years and eight months in a general hospital, and one year in the Hospital for the Insane, on Ward's Island.

Herman G. Matzinger, A. M., M. D., appointed second assistant physician in October, 1888. Seven years' experience in a hospital for the insane, one year in a general hospital and six months in general practice.

George G. Armstrong, M. D., appointed February 1, 1895, third assistant physician. Previous experience, twelve months as assistant physician in New York city asylums for the insane, one year in general hospital, one year as acting second assistant physician in St. Lawrence State Hospital, two and a half months as second assistant physician in State Asylum for Insane Criminals at Matteawan.

Helene Kuhlmann, M. D., appointed woman physician November 16, 1892. Three years experience in hospital for the insane; previous experience, two years in hospital for women and children.

Review of State Hospitals—Special Reports of Superintendents.

Walter H. Conley, M. D., Ph. G., appointed fourth assistant physician in December, 1894. Ten months' experience in a hospital for the insane, sixteen months in a general hospital, two years' general practice.

Walter H. Kidder, M. D., appointed medical interne July 1, 1893. Two years and three months' experience in a hospital for the insane, six months in a general hospital.

BINGHAMTON STATE HOSPITAL.

Charles G. Wagner, M. D., superintendent. Appointed February 8, 1892. Previous experience, two years as medical interne in the Presbyterian Hospital, New York city; one year on the medical service and one year on the surgical service, and seven years as assistant physician at the Utica State Hospital, Utica, N. Y.

Dr. Charles C. Eastman, first assistant physician. Appointed October 24, 1881. Was general practitioner for ten years.

Dr. Arthur M. Collier, assistant physician. Appointed October 1, 1891. Hospital service in New York city.

Dr. William A. White, assistant physician. Appointed April 27, 1892. Hospital experience, fifteen months in Eastern District Hospital, Brooklyn, N. Y.; alms and work-house, Blackwell's Island, New York city, and Long Island College Hospital, Brooklyn, N. Y.

Dr. Louis W. Dodson, assistant physician. Appointed October 25, 1892; hospital experience, two years in Infants' Hospital, Randall's Island, New York city, and City Hospital, Jersey City, N. J.

Dr. Arthur P. Summers, assistant physician. Appointed November 1, 1893. Hospital experience, one year as resident physician in the Orange Memorial Hospital, Orange, N. J.; seven months assistant physician in New York City Asylum for the Insane, Ward's Island, New York city. Private practice, two years.

Dr. Robert G. Wallace, assistant physician. Appointed May 1, 1895. Hospital experience, one year as clinical assistant in Toronto General Hospital, Toronto, Canada; one year as assistant

Review of State Hospitals—Special Reports of Superintendents.

physician in New York City Asylum for the Insane, Ward's Island, New York city, and regular term in Broome Street Midwife Dispensary, New York city.

Dr. E. Gertrude Crum, woman physician. Appointed October 1, 1890. Hospital experience, sixteen months in New York Infirmary for Women and Children, New York city. Private practice, two years.

ST. LAWRENCE STATE HOSPITAL.

P. M. Wise, M. D., medical superintendent. Appointed February 1, 1890; previous experience, six years as medical superintendent at the Willard State Hospital for the Insane; twelve years previous as assistant physician at the same institution; one year's experience in the St. Louis City Hospital.

Richard H. Hutchings, first assistant physician. Appointed February 1, 1896; previous experience, Almshouse Hospital, New York city, one year; New York City Asylum, two months; medical interne at St. Lawrence State Hospital nine months; assistant physician at St. Lawrence State Hospital three years.

Warren L. Babcock, second assistant physician. Appointed February 1, 1896; previous experience, six months at Baltimore City Hospital; one year at Maryland State Hospital for the Insane as clinical assistant; fifteen months at Binghamton State Hospital for the Insane as medical interne; fifth assistant physician at St. Lawrence State Hospital, four months.

Elbert M. Somers, Jr., assistant physician. Appointed September 1, 1895; previous experience, four months as medical interne at St. Luke's Hospital, Utica, N. Y.; one year at Christ Hospital, Jersey City; New York Hospital, surgical department, two months; nine months as medical interne at St. Lawrence State Hospital.

Walter H. Kidder, assistant physician. Appointed February 1, 1896; previous experience, junior house surgeon, Fitch Accident Hospital, Buffalo, two months; medical interne at Buffalo State Hospital for the Insane, fourteen months; sixth assistant physician St. Lawrence State Hospital, three months.

Review of State Hospitals—Special Reports of Superintendents.

Caroline S. Pease, woman physician. Appointed May 1, 1894; previous experience, three and one-half years as woman physician at Hudson River State Hospital; fifteen months at Woman's Hospital of Pennsylvania; Troy City General Hospital, visiting physician, two years; private practice, thirteen years.

ROCHESTER STATE HOSPITAL.

Eugene H. Howard, M. D., superintendent. Appointed July 1, 1891, with six years' previous experience in the care and treatment of the insane, five years of private practice and two years in charge of a general hospital, making length of service in hospitals or asylums for the insane, ten years.

Ezra B. Potter, M. D., first assistant physician. Appointed July 1, 1891; eight years' previous experience as first assistant physician and ten years in general practice, making length of service in hospitals or asylums for the insane twelve years.

Robert M. Elliott, M. D., second assistant physician. Appointed July 1, 1891; one year previous experience as second assistant physician and three months in general hospital, making length of service in hospitals or asylums for the insane, five years.

Eveline P. Ballintine, M. D., woman physician. Appointed July 1, 1891; previous experience fourteen years in general practice.

Charles T. La Moure, medical interne. Appointed October 1, 1894.

MATTEAWAN STATE HOSPITAL.

H. E. Allison, medical superintendent. Appointed July 1, 1889; ten years' previous experience in the care and treatment of the insane at the Willard State Hospital, and about one year and a half in private practice.

R. R. Daly, first assistant physician. Appointed April 1, 1894; previous experience, in New York City Lunatic Asylum, nineteen months; Bloomingdale Asylum, one month; Utica State Hospital, three years and eight months, and six months in private practice.

Robert B. Lamb, second assistant physician. Appointed April 1, 1893; eighteen months as medical interne at Matteawan State

Review of State Hospitals—Special Reports of Superintendents.

Hospital; six months house physician at Albany Homeopathic Hospital; one year Swinburne Dispensary.

Edgar J. Spratling, third assistant physician. Appointed April, 1895; previous experience, two years while undergraduate as medical interne in the City Hospital at Baltimore, Md.; ten months resident physician in City Hospital at Baltimore; three months junior assistant house physician at City Hospital of New York, and two and one-half months in substitute service as junior assistant physician at the Matteawan State Hospital.

16. State the salary and allowances (including board, apartments, etc., for self or family) of each resident officer; also name, date of appointment and salary and allowances of the treasurer.

UTICA STATE HOSPITAL.

Medical superintendent, \$4,000 and maintenance.

First assistant physician, \$2,000 and maintenance.

Second assistant physician, \$1,600 and maintenance.

Third assistant physician, \$1,400 and maintenance.

Fourth assistant physician, \$1,300 and maintenance.

Woman assistant physician, \$1,200 and maintenance.

Steward, \$1,400 and maintenance.

Matron, \$500 and maintenance.

Harry S. Patten, treasurer. Appointed February 4, 1893; salary, \$1,500.

WILLARD STATE HOSPITAL.

Superintendent, \$4,000; house and board for self.

First assistant physician, \$1,800; apartments and board for self and wife.

Second assistant physician, \$1,300; apartments and board.

Third assistant physician, \$1,200; apartments and board.

Fourth, fifth, sixth and seventh assistant physicians, each \$900, with apartments and board.

Female assistant physician, \$1,200; apartments and board.

Review of State Hospitals—Special Reports of Superintendents.

Steward, \$1,800; house and board for self, wife and two children.
Matron, \$600; apartments and board.

Treasurer, J. B. Thomas. Appointed April 19, 1869; \$1,500 with no other allowances.

HUDSON RIVER STATE HOSPITAL.

Resident Officers, per annum.

Medical superintendent, \$4,000 and maintenance for self and family.

First assistant physician, \$2,500 and maintenance for self and wife.

Second assistant physician, \$1,700 and maintenance for self and family.

Third assistant physician, \$1,300 and maintenance.

Fourth assistant physician, \$1,200 and maintenance.

Fifth assistant physician, \$1,200 and maintenance.

Sixth assistant physician, \$1,000 and maintenance.

Resident woman physician, \$1,200 and maintenance.

Steward, \$1,500 and maintenance for self and wife.

Matron, \$600 and maintenance.

Non-Resident Officers.

Allison Butts, treasurer. Date of appointment July 1, 1890; compensation, \$1,500 per annum. The treasurer has no allowances other than the use of a typewriting machine.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Medical superintendent, \$4,500 per annum; use of house with board, washing, and partial service for self and family.

First assistant physician, \$3,000 per annum; partially furnished apartments, with board and washing for self and family.

Second assistant physician, \$2,000 per annum; partially furnished apartments, with board and washing for self and family.

Third assistant physician, \$1,500; partially furnished apartments, with board and washing for self and family.

Review of State Hospitals—Special Reports of Superintendents.

Fourth assistant physician, \$1,200; the use of part of a cottage, and board for self and family.

Woman physician, \$1,200; furnished apartments, with board and washing.

C. Macardell, treasurer. Date of appointment, January 1, 1894; salary, \$1,500 per annum; no allowances.

BUFFALO STATE HOSPITAL.

	Salary.	Allowances.	Family.
Arthur W. Hurd, superintendent....	\$4,000	Board and apartments.	Wife.
Percy Bryant, 1st assistant.....	2,400	Board and apartments.	.....
Herman G. Matzinger, 2d assistant..	1,800	Board and apartments.	.....
George G. Armstrong, 3d assistant..	1,200	Board and apartments.	.....
Helene Kuhlmann, woman physician.	1,200	Board and apartments.	.....
Walter H. Conley, 4th assistant	1,200	Board and apartments.	.....
Florence Seeley, matron.....	500	Board and apartments.	.....
Thomas Wilding, steward.....	1,200	Residence for self and family.	.....
Elias S. Hawley, treasurer.....	1,200	None.	.....

BINGHAMTON STATE HOSPITAL.

Charles G. Wagner, M. D., superintendent.....	\$4,000
Charles C. Eastman, M. D., first assistant physician....	2,000
Arthur M. Collier, M. D., assistant physician.....	1,700
William A. White, M. D., assistant physician.....	1,400
Louis W. Dodson, M. D., assistant physician.....	1,200
Arthur P. Summers, M. D., assistant physican.....	1,000
Robert G. Wallace, M. D., assistant physician.....	1,000
E. Gertrude Crum, M. D., woman physician.....	1,200
Edwin Evans, steward.....	1,600
Mrs. L. S. Smith, matron.....	500

Allowances of officers are board, washing and furnished apartments, with necessary domestic service. First assistant physician receives these allowance for self and family. The steward receives allowances for self and family.

John Rankin, treasurer, April 11, 1894, \$1,500.

Review of State Hospitals—Special Reports of Superintendents.

The treasurer has no allowance beyond the use of a typewriting machine.

ST. LAWRENCE STATE HOSPITAL.

Medical superintendent, \$4,500; superintendent's cottage, board and washing.

First assistant physician, \$2,000; executive building, board and washing for self and family (wife and child).

Second assistant physician, \$1,500; executive building, board and washing.

Two assistant physicians, one at infirmary and one at group No. 3, salary \$1,200; board and washing.

Woman physician, \$1,200; group No. 3, board and washing.

Steward, \$2,000; steward's cottage, board and washing for self and daughter.

Matron, \$480; board and washing, executive building.

James M. Wells, treasurer, appointed August 1, 1892, receives a salary of \$1,500, with no other allowances.

ROCHESTER STATE HOSPITAL.

Medical superintendent, salary \$4,000, with board and apartments for self and family.

First assistant physician, \$2,000, with board and apartments for self and wife.

Second assistant physician, salary \$1,400, with board and apartments for self and wife.

Woman physician, salary \$1,200, with board and apartments.

Steward, salary \$1,500, with board for self and apartments for family.

Matron, salary \$600, with board and apartments.

Medical interne, salary \$600, with board and apartments.

Treasurer, appointed July 1, 1891, salary \$600, without board.

MATTEAWAN STATE HOSPITAL.

Medical superintendent, \$4,000, with maintenance for self and family.

First assistant physician, \$1,500 with maintenance.

Review of State Hospitals—Special Reports of Superintendents.

Second assistant physician, \$1,200 with maintenance.

Third assistant physician, \$1,000 with maintenance.

There is no treasurer for this hospital apart from the medical superintendent, who is by law charged with the duties of that office, and all allowances for such services are included in his salary as medical superintendent.

17. Give a list of persons, other than paid employes, who reside in the hospital or on the hospital premises.

UTICA STATE HOSPITAL.

Superintendent's wife and four children; first assistant's wife and two children; storekeeper's wife and one child.

WILLARD STATE HOSPITAL.

The only persons, other than paid employes, who reside in the hospital are Mrs. H. P. Frost, Mrs. M. J. Gilbert, Miss Marian Gilbert and John Parke Gilbert, comprising the families of the first assistant physician and steward.

HUDSON RIVER STATE HOSPITAL.

Superintendent's wife and child.

First assistant's wife.

Second assistant's wife and child; second assistant also has a son who spends about nine months of the year at boarding school, and his vacation at the hospital.

Steward's wife.

Head farmer's wife and two children.

Assistant farmers' wives, four; children, eight.

Coachman's two children.

Voucher clerk's wife.

Herdsmen's wife part of the time.

Pumpman's wife and four children.

Choreman's wife and four children.

The persons mentioned after steward's wife are not supported at the expense of the State.

*Review of State Hospitals—Special Reports of Superintendents.***MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.**

Mrs. Selden H. Talcott.

Miss H. Cornelia Munger.

Mrs. George Allen.

Miss Gladys Allen.

Mrs. C. Spencer Kinney.

S. J. Kinney.

H. D. Kinney.

Mrs. D. H. Arthur.

Fanchon Arthur.

Madeline Arthur.

Mrs. M. C. Ashley.

Reta Ashley.

Rhea Ashley.

Emily Judson (runs errands).

Talcott Cook.

Lillie Barber (nurse for Dr. Arthur's children).

John Cochran (works in laundry).

George B. Day (works in laundry).

William Nolton (works in laundry).

Daniel Webster (works in hospital).

Kate Leonard (helps Mrs. Cook).

Wm. Coggeshall (works in hospital).

BUFFALO STATE HOSPITAL.

Family of superintendent.

Family of steward and of engineer have residence only on the hospital grounds.

BINGHAMTON STATE HOSPITAL.

First assistant physician's family — Mrs. C. C. Eastman, Miss Bessie Eastman. All supplies furnished.

Steward's family — Mrs. Edwin Evans, Mr. John Evans, Mr. Horatio Evans. All supplies furnished.

Review of State Hospitals—Special Reports of Superintendents.

Farmer's family—Mrs. James Armstrong, Miss Lila Armstrong, Miss Lucy Armstrong, Miss Armstrong (infant). Provided with light, fuel, milk and vegetables.

Engineer's family — Mrs. S. F. Collins, Miss Hettie Collins, Miss Bessie Collins, Miss Collins. Supplied with fuel and light.

Gardener's family — Mrs. Joseph O'Connor, Miss O'Connor. Provided with fuel, light, milk and vegetables.

Miss Maud Pettingill, supervisor's child; board.

William White Hackett (infant) son of Mrs. Laura F. Hackett, a patient.

ST. LAWRENCE STATE HOSPITAL.

Superintendent's family, including wife and two children.

First assistant's family, including wife and child.

Steward's daughter.

The above are the only persons residing in the hospital and receiving maintenance who are not paid employes. There are several houses on the hospital premises that are rented to employes, in which reside members of employes' families and not receiving maintenance, as follows:

The head carpenter's wife and two children.

Dairyman's wife and two children.

Farmer's wife and two children.

Assistant engineer's wife and four children.

Electrical engineer's wife.

Assistant engineer's wife and several small children.

Gardener's wife and two children.

Teamster's wife and two children.

Laundress and two children.

Rentals are made the equivalent of lodging.

ROCHESTER STATE HOSPITAL.

Mrs. Eugene H. Howard, wife of superintendent.

Henry Howard, son of superintendent.

Mrs. Ezra B. Potter, wife of first assistant physician.

Mrs. R. M. Elliott, wife of second assistant physician.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

Mrs. H. E. Allison, Catharine DeP. Allison, aged 9; Elizabeth S. Allison, aged 7; W. Henry Allison, aged 4; Anna Allison, aged 6 months. In addition, Mrs. James Hancock, Julia Hancock, Belle Hancock, reside in the farmer's house, but are not provided with maintenance.

18. How many of the present medical officers of the hospital are college graduates?

UTICA STATE HOSPITAL.

Three members of the medical staff have had the advantages of a college education.

WILLARD STATE HOSPITAL.

Three of the present medical officers of the hospital are college graduates.

HUDSON RIVER STATE HOSPITAL.

Only one of the medical officers is a college graduate.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

All are graduates of some legally incorporated medical college; three are graduates of a classical college also.

BUFFALO STATE HOSPITAL.

Two members of the medical staff are college graduates.

BINGHAMTON STATE HOSPITAL.

Three of the medical officers were graduated from academic colleges, and four were under-graduates in such colleges, although they did not take degrees.

ST. LAWRENCE STATE HOSPITAL.

None.

ROCHESTER STATE HOSPITAL.

None of the present officers are college graduates.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

All the medical officers of the hospital are graduates of medical colleges and two are graduates of a classical college.

19. State to what extent, if any, the present medical officers of the hospital have contributed to the literature of psychological or other departments of medicine during the fiscal year, giving title of contribution and name and date of publication in which such contributions appeared.

UTICA STATE HOSPITAL.

The superintendent is a member of the editorial committee of the *American Journal of Insanity*, and as such has contributed to the literature of insanity during the year.

WILLARD STATE HOSPITAL.

The medical superintendent read before the American Neurological Association a paper entitled "The Pulse in Insanity," an original study of cases. This was published by the author.

The first assistant physician published, in the July number of the *American Journal of Insanity*, an article on "Jeremiah Wilkinson, the Universal Friend."

HUDSON RIVER STATE HOSPITAL.

The medical officers have made the following contributions to psychological literature during the year: "The Dietary of the New York State Hospitals," by Charles W. Pilgrim, M. D.; read at the meeting of American Psychological Association held in Denver in June, 1895. *American Journal of Insanity*, October, 1895.

"Report of a Case of Melancholia Attonita," by Thomas E. Bamford, M. D. *Journal of Nervous and Mental Diseases*, June, 1895.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

During the past year the medical superintendent contributed a paper upon "Degeneration and Regeneration," which was read before the annual meeting of the American Institute of Homeopathy at Newport, R. I., in June, 1895. This article was published in the August number of the Hahnemannian Monthly of Philadelphia.

The first assistant physician contributed a paper upon "Circular Insanity" to the joint session of the Tennessee and Alabama State Homeopathic Medical Societies. This article was published in the July number of the Southern Journal of Homeopathy.

The second assistant physician contributed a paper upon "Notes on Peculiar Mental Conditions," to the Homeopathic Medical Society of the State of New York, in February, 1895. This article was published in the Hahnemannian Monthly for June, 1895.

The third assistant physician contributed a paper upon "General Paresis, Mistaken for Chronic Alcoholism; a Case," to the semi-annual meeting of the State Homeopathic Medical Society, September 26, 1894. This article was published in the March number of the Medico-Legal Journal.

The fourth assistant physician prepared a paper entitled "A Synopsis of Twenty-one Critical Cases, and Some of the Special Features of Treatment of the Same at the Middletown State Homeopathic Hospital," for the twenty-fourth annual report.

The woman physician prepared a paper entitled "Gynaecological Disorders" for the twenty-fourth annual report.

BUFFALO STATE HOSPITAL.

Lectures by the medical superintendent before the graduating class of the University of Buffalo, as professor of mental diseases, in the University of Buffalo; article on "Developmental Neuroses," before the Academy of Medicine; article on "Shakespeare in Medicine," before the Buffalo Medical Club of Buffalo.

Review of State Hospitals—Special Reports of Superintendents.

Article by Dr. Matzinger on "The Nature and Etiology of Pain," published in the Medical and Surgical Journal of Buffalo; article on "Recent Advances in Pulmonary Therapeutics," read before the Buffalo Academy of Medicine.

Dr. Helene Kuhlmann, article on "Chorea," read before the Woman's Medical Club of Buffalo.

Dr. Walter H. Kidder read articles before the Clinical Club of Buffalo; titles unascertained.

BINGHAMTON STATE HOSPITAL.

Dr. Louis W. Dodson, "A Well-Marked Case of Kahlbaum's So-called Katatonia," New York Medical Record, July 6, 1895.

Dr. William A. White, "The Criminal; His Social and Legal Status and the Philosophy of Reformation," read before the third district branch of the New York State Medical Association, and published in the transactions of the association.

ST. LAWRENCE STATE HOSPITAL.

Dr. P. M. Wise, "Medical Work in Wards of Hospitals for the Insane," American Journal of Insanity, July, 1895; "Typhoid Fever," in volume I, No. 1, State Hospitals Bulletin. Dr. R. H. Hutchings, "Post Influenzal Insanity," State Hospitals Bulletin, volume I, No. 1.

Dr. Warren L. Babcock, (a) "On the Morbid Heredity and Predisposition to Insanity of the Man of Genius;" (b) "On the Use of Thyroid Extracts in Mental Diseases, with Report of Cases;" (c) "Report of a Case of Moral Insanity." (a) Journal of Mental and Nervous Diseases, December, 1895. (b) and (c) State Hospitals Bulletin, volume I, No. 1.

Dr. Elbert M. Somers, Jr., "The Blood's Influence Per Se, as a Causative Factor in Insanity," State Hospitals Bulletin, volume I, No. 1.

ROCHESTER STATE HOSPITAL.

Articles have been presented to medical and other societies by the officers, but none have been published in medical journals during the fiscal year.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The usual official reports have been made to the Superintendent of Prisons, to the State Commission in Lunacy, comprising in full the operations of the hospital for the past year; several extended reports upon the care of the criminal insane have been made in response to inquiries upon this subject from governmental officials abroad, and cases have been presented to various local medical societies.

The following articles were published by Dr. Edgar J. Spratling.

"A Case of Urticaria, Due to Uric Acid;" New York Medical Record, June 1, 1895.

"Delusion of Stiffened Extremities Treated by Suspension," New York Medical Record, August 3, 1895.

"Masturbation in the Adult," New York Medical Record, September 28, 1895.

20. Give the ratio of ward attendants, exclusive of supervisors, by sexes, to patients; also, separately, by sexes, the ratio of day and night attendants to patients.

UTICA STATE HOSPITAL.

Men, 1 to 8; women, 1 to 8. Day service: Men, 1 to 9; women, 1 to 9. Night service: Men, 1 to 80; women, 1 to 75.

WILLARD STATE HOSPITAL.

Ratio of ward attendants, exclusive of supervisors, by sexes to patients: Men, 1 to 10; women, 1 to 11. Ratio of day attendants to patients: Men, 1 to 11.7; women, 1 to 12.7. Ratio of night attendants to patients: Men, 1 to 86; women 1 to 58.

HUDSON RIVER STATE HOSPITAL.

The ratio of ward attendants, exclusive of supervisors, to patients is as follows: Men, 1 to 6; women, 1 to 7. Day attendants: Men, 1 to 7; women, 1 to 8. Night attendants: Men, 1 to 59; women, 1 to 65.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Male attendants (day) 1 to $9\frac{1}{2}$ patients; male attendants (night) 1 to $42\frac{1}{2}$ patients; female attendants (day) 1 to 8 1-3 patients; female attendants (night) 1 to $71\frac{1}{2}$ patients.

BUFFALO STATE HOSPITAL.

Men, 1 to 9.547; women, 1 to 10.0068. Day attendants: Men, 1 to 11.514; women, 1 to 11.973. Night attendants: Men, 1 to 66.83; women, 1 to 88.6.

BINGHAMTON STATE HOSPITAL.

The ratio of ward attendants, exclusive of supervisors, by sexes, is as follows: Day attendants (women) to women patients, 1 to 8.2; day attendants (men) to men patients, 1 to 7.5. Night attendants (women) to women patients, 1 to 60; night attendants (men) to men patients, 1 to 69.

ST. LAWRENCE STATE HOSPITAL.

Ratio of ward attendants (male), 1 to 9; female, 1 to 7; ratio of day attendants (male), 1 to 11; female, 1 to 8; ratio of night attendants (male), 1 to 52.6; female, 1 to 47.

ROCHESTER STATE HOSPITAL,

The ratio of women attendants to patients is 1 to 8.3; of women night attendants, 1 to 45. The ratio of male attendants to patients is 1 to 10.04; of male night attendants is 1 to 60.

MATTEAWAN STATE HOSPITAL.

The ratio of male attendants, exclusive of supervisors, to patients is 1 to 6.87; of female attendants, 1 to 6.16. The ratio of male day attendants to patients was 1 to 8.90; of female attendants to patients, 1 to 7.40; of male night attendants, 1 to 30.26; of female night attendants, 1 to 37.

Review of State Hospitals—Special Reports of Superintendents.

21. State if women are employed on the men's wards, and the number and capacity in which they are so employed; also, your views, based on experience or otherwise, as to the desirability of such employment.

UTICA STATE HOSPITAL.

There are seven women attendants employed in the men's wards; six of these are engaged in dining-room work; one is in charge of a small ward for convalescent men.

I would not extend the practice further than as it at present exists in this hospital. Aside from the ethical considerations involved, a female attendant can not perform a man's duties in reference to male patients.

WILLARD STATE HOSPITAL.

One woman is employed as night nurse in sick ward at the infirmary. Her services have been entirely satisfactory there, but I am not in favor of employing women as attendants for the male patients to any great extent.

HUDSON RIVER STATE HOSPITAL.

Another year's experience with women on men's wards has increased my faith in the value of the work they are able to do. My answer for last year needs no alteration for this.

One woman attendant is employed in the large associate dining-room for men.

Five female nurses are employed on the wards proper, one on the ward for the convalescent and quiet class which has 110 patients, one on the ward for the working and demented class, which has from 120 to 125 patients, one on the ward for epileptics and a moderately disturbed class which has from 120 to 125, and two on the ward for the infirm, bed-ridden and profoundly demented class, which has eighty patients.

All these women are married and their husbands are employed as attendants. They room in the nurses' cottage. They make

Review of State Hospitals—Special Reports of Superintendents.

beds, do chamber work, attend to clothing and linen rooms, repair patients' clothing, have an oversight of attendants' rooms and do general ward work, and, in some instances, do special nursing and cook little delicacies for the sick. The women thus far employed have been discreet and have performed the duties assigned to them satisfactorily and well. The presence on the ward has a good influence both on patients and employes. The women appear contented and appear to take an interest in their work.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

No women are employed on the men's wards, except one woman. This attendant works in the dining-room for convalescent patients with her husband, who has charge of the tables.

Female attendants have been recommended for the care of male dining-rooms, and in some of the quiet wards this might be allowed. With equal propriety, we may suggest that male attendants should be furnished for female dining-rooms. The male attendants will add as much cheer and variety to the female dining-rooms as the female attendants add to the male dining-rooms. At Delmonico's, the Hotel Brunswick, the Fifth Avenue Hotel, the Hoffman House, the St. James, the Waldorf, the Plaza, the Imperial and the Savoy the women patrons are served by male waiters with great acceptability. It would be an interesting experiment to try an exchange of courtesies of this kind in all our State hospitals.

The best amenities of life should always be cultivated by a careful and judicious commingling of the sexes. The women in the men's wards would add to the neatness and cheerfulness of those quarters; and suitable men in the women's wards would inspire confidence and helpfulness in the minds of all with whom they came in contact. Moreover, these men in the women's dining-rooms could not only wait on the patients at the tables, but they could put down carpets, move heavy furniture, carry trunks and perform other necessary labor which is too heavy for the women nurses, and is now delegated to male nurses in addition to their regular duties. New male attendants might be placed in women's

Review of State Hospitals—Special Reports of Superintendents.

dining-rooms at the outset, and in that way they would quickly and easily acquire that gentleness of manner and deportment which to a trained nurse is so essential to success.

When women are placed in the men's dining-rooms they should be classed as "extras," because they can not very well care for violent cases, or walk out with squads of patients, or do hard manual toil such as male attendants have to perform.

In hospitals where there is a congregate dining-room, a man and his wife, with other necessary attendants, might take proper care of it very appropriately.

We are giving the matter of mixing or exchanging nurses our careful consideration, and we expect to make further trials in this direction.

BUFFALO STATE HOSPITAL.

Women are employed on the men's wards only in the capacity of dining-room attendants. We deem it judicious and desirable to employ women nurses on convalescent wards, and also on wards for the acutely sick.

BINGHAMTON STATE HOSPITAL.

Women have not been employed on men's wards during the past year. I am, however, inclined to think good results would come from such employment.

ST. LAWRENCE STATE HOSPITAL.

We have five wards for male patients in the hospital that are wholly supplied by women nurses and attendants, and this has been tested in part for nearly two years, and we are convinced by our experience, that for a certain class of male patients, the services of women are desirable. These nurses are confined to the sick and infirm, and convalescent wards. The wards are organized in the same manner as wards for male patients that are attended by men attendants, and differ in no respect from their organization, except that in the hospital wards where there are a great number of sick in bed, a porter is supplied, who answers the ring

Review of State Hospitals—Special Reports of Superintendents.

of a bell, to aid in lifting the heavy patients and thus relieve the women of the drudgery and hard work. In the convalescent wards there are no porters supplied. It has been found that wherever a ward has been changed from men to women attendants, the result has been an improvement in the appearance of the ward, and a more contented condition of the patients, fewer complaints of abuse and neglect, and a longer unbroken service.

ROCHESTER STATE HOSPITAL.

Women are employed on the convalescent and infirmary wards, to or with great advantage to the patients and to the appearance of the wards. We have three wards for male patients in which women are employed.

MATTEAWAN STATE HOSPITAL.

Women are not employed on the men's wards at this institution. By reason of the character of our population, I do not think that such an innovation would be desirable.

22. State the aggregate number of nurses and attendants in the employ of the hospital on September 30, 1895, and the number of resignations and dismissals occurring during the year; also the principal causes of such resignations and dismissals.

UTICA STATE HOSPITAL.

Number of attendants and nurses September 30, 1895, 124; resignations during fiscal year, causes various, 28; dismissals during fiscal year, insubordination, 2.

WILLARD STATE HOSPITAL.

Aggregate number of nurses and attendants in the employ of the hospital September 30, 1895; men, 100; women, 111. During the year there were 21 resignations among the men and 44 among the women; 6 men and 4 women were dismissed. Rest-

Review of State Hospitals—Special Reports of Superintendents.

lessness and a desire to obtain more lucrative employment are accountable for most of the resignations, though in some of the cases enumerated above the resignation has been advised by the superintendent owing to inefficiency on the part of the attendant. The four women dismissed incurred that punishment on account of rough usage of patients, while most of the dismissals in the male department were for intoxication.

HUDSON RIVER STATE HOSPITAL.

Number of nurses and attendants September 30, 1895, 215; number of resignations during the year, 117; number of dismissals during the year, 47. The principal cause of resignations were "to engage in other occupations," and "ill health," and of dismissals, "carelessness, insubordination and intoxication."

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Aggregate number, 141; number of resignations and dismissals, 63. The principal causes of resignation have been sickness, or an opportunity to do better. The principal cause of dismissal has been that the attendant or nurse, after working for a time, was not found to be adapted to the task of caring for the sick.

BUFFALO STATE HOSPITAL.

The number of nurses and attendants employed September 30, 1895, was 79; resignations, 21; dismissals, 7; total, 28. Resignations were for reasons unknown and unsought for by the superintendent. Of the dismissals three were for leaving the hospital without permission; two for intoxication; one for roughness to patients and general unfitness, and one for appropriating clothing.

BINGHAMTON STATE HOSPITAL.

The aggregate number of nurses and attendants in the employ of the hospital on September 30, 1895, was 190; the number of resignations during the year was 74; the number of dismissals during the year was 15. The principal causes of resignations

Review of State Hospitals—Special Reports of Superintendents.

were “to engage in other occupations,” and “ill health;” and of dismissals “neglect of duty,” and “intoxication.”

ST. LAWRENCE STATE HOSPITAL.

Aggregate number of attendants and nurses 185; resignations, 65; dismissals, 30. The principal causes of such resignations were, ill health, marriage, dissatisfaction with the service, self-recognized incompetency, and for business reasons; for the dismissals were, incompetency, insubordination, violation of the rules and regulations, intoxication and immorality.

ROCHESTER STATE HOSPITAL.

The number of attendants is 58. The number of resignations during the year were 14, all for personal reasons, mostly because they were bettering their condition. There were no attendants discharged during the year.

MATTEAWAN STATE HOSPITAL.

The aggregate number of attendants in the employ of the hospital on September 30, 1895, was 74. The number of resignations during the year, 35; number of dismissals, 17. The principal cause of resignations was desire on the part of attendants to either enter business for themselves or to engage in other employments. The principal causes of dismissals were intoxication and incompetency.

23. State to what extent, if any, mechanical restraint has been used in the care of patients during the fiscal year, and the forms of such restraint, including the so-called “protection sheet.” State your views as to the propriety and value of mechanical restraint in the treatment of the insane.

UTICA STATE HOSPITAL.

The so-called “protection sheet” has been used in a few cases during the year.

Review of State Hospitals—Special Reports of Superintendents.

As a physician one can not question either the propriety or value of any treatment, mechanical or otherwise, which is adopted and conscientiously used for the welfare of the patient. Personally, I have not had occasion to use it, with the exception of the sheet above referred to, during the past nine years.

WILLARD STATE HOSPITAL.

The only form of restraint used was the "protection sheet," which was resorted to in cases of four male and fourteen female patients, a total of fifty-four applications.

In regard to the propriety and value of mechanical restraint in the treatment of the insane, my opinion is in harmony with that of most alienists — that there are cases in which it is beneficial, but that it should only be used under the direction of a medical officer, after the superintendent has looked into the character and needs of the case. The protection sheet seems to answer all demands for restraint, and the tendency in all hospitals where the modern treatment of the insane is carried out, is to minimize, so far as possible, the use of mechanical restraint. Many cases in which, formerly, the camisole, wristlets, muffs and belts were employed, it is now possible to treat without these methods by employing trained nurses and attendants, and selecting the proper occupation and diversion.

HUDSON RIVER STATE HOSPITAL.

No forms of mechanical restraint such as muff, camisole, mittens, wristlets, etc., have been used during the past two and a half years. In rare instances the protection sheet is used to prevent exhaustion from motor excitement. It is only used upon the order of the superintendent or attending physicians. It was used probably in five or six cases during the past year.

When there is danger of exhaustion from intense motor excitement I believe that confinement in bed with the use of the "protection sheet," is not only justifiable, but proper treatment. It is

Review of State Hospitals—Special Reports of Superintendents.

often easily borne when manual restraint would meet with determined opposition, and it is certainly much better for the patient than large doses of stupefying drugs. I should add, however, that I believe such restraint necessary only in exceptional cases, and in a hospital of 1,500 patients it would not probably be necessary to use it more than five or six times a year. At least such has been my experience.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Eighteen years ago there were in use at this institution wood, iron, leather and cloth as means for restraint. We have dispensed entirely with the wood, iron and leather for this purpose, and now use, as a means of restraint, or rather of protection, only soft cloth. This has been applied in the form of "protection sheets," waists, bandages, and padded mitts. We use these means for protecting the patient from injuring himself or others only to the extent that seems to be absolutely necessary. In all cases the medical officers act as judges as to the necessity for applying and keeping on restraint. Attention is frequently given to this matter, and the general principle of disuse of restraint is carefully cultivated in the minds of the nurses and attendants. At the same time we have not refrained from using protective measures when they were absolutely demanded for the welfare of any given patient, or those about him. When the protection sheet is used, great care and skill should be exercised in its application. No form of restraint should be applied simply as a means for relieving the nurse of care or responsibility. No form of restraint can be properly used as a substitute for a nurse; but the best forms of restraint are simply aids to a nurse in the careful performance of her duty to the sick. We are in favor of non-restraint whenever it is practicable, and we favor protective means only for the purpose of doing the highest possible good to the patient, with a view of effecting his restoration to health.

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

Mechanical restraint has been used in the hospital to a very moderate extent. The form of such restraint was principally the protection sheet, used in the case of old feeble patients, to prevent falling out of bed, and self injury, and in acute violent cases with a tendency to exhaustion, to secure rest, quiet, and conservation of vitality. The long sleeved jacket has been in use to a limited extent in surgical cases. We believe that, in general, patients are better without restraint, except for the purposes above stated, and for these purposes it is a distinctly humane and valuable adjuvant, but for medical reasons only.

BINGHAMTON STATE HOSPITAL.

Mechanical restraint has been used but very little during the past year. I regard it as undesirable except for surgical reasons or where the patient is extremely persistent to do himself permanent injury — such as destruction of eyesight.

ST. LAWRENCE STATE HOSPITAL.

Mechanical restraint has been used in one case of a suicidal woman, in the form of a camisole, for the reason that by no form of manual restraint could she be satisfactorily prevented from mutilating her person. It was also found in this case that she was very much irritated by manual restraint, and, upon the application of a camisole, her condition improved so that in a few weeks she was able to get along without either manual or mechanical restraint. In another case of delirium grave — a case of a patient of great strength—it was quite impossible to furnish safely manual restraint, and mechanical restraint was substituted for a short time. Several patients have worn mittens for a time to prevent their mutilating themselves and injuring others, and their condition has been improved thereby. In regard to my views as to the propriety and value of mechanical restraint in the treatment of the insane, I quote from my report of last year as follows: "The only value of restraint of any kind is to obtain a very defi-

Review of State Hospitals—Special Reports of Superintendents.

nite therapeutical object. Whether this restraint should be manual or mechanical is wholly a medical question. Mechanical restraint should never be used for expedient purposes. The absolute prohibition of mechanical restraint is as purely nonsensical and sentimental as would be the prohibition of forcible feeding. Either process is unpleasant to the patient, but it is sometimes necessary for his welfare and cure and to save life."

ROCHESTER STATE HOSPITAL.

Mechanical restraint in the form of the protection sheet, has only been used to secure recumbent position in special surgical and medical cases to prevent self-mutilation. It has been so prescribed in the care of twenty-three cases during the fiscal year.

In my opinion mechanical restraint is proper in certain special cases, which should be determined in each instance, by a consultation by or of the attending physicians.

MATTEAWAN STATE HOSPITAL.

We have not found occasion to use mechanical restraint in this hospital excepting in one or two instances, where soft leather mittens have been fastened upon the hands of patients who were inclined to abrade the skin and to disfigure themselves in that manner. Where the patient is found to be extremely disturbed he is placed in charge of attendants both night and day, a method which we have found to be preferable to either the use of the muff or strait-jacket. We have not used that form of restraint known as the "protection sheet." While I am not an advocate of the absolute nonuse of mechanical restraint yet I do not, as a rule, believe in its employment in the treatment of the insane. The occasions for its use should be very exceptional.

Review of State Hospitals—Special Reports of Superintendents.

24. State, in detail, the present method of removing patients from their homes, or elsewhere, to the hospital; also your views, based on the experience thus far had, as to its advantages, whether as regards the welfare of the patients, the hospital or the public interests, as compared with the former method of removal by superintendents of the poor, or their agents; also give the per capita and total cost of bringing patients to the hospital under the present method during the fiscal year.

UTICA STATE HOSPITAL.

On receipt of information that the patient is in readiness for transfer, is properly clothed in accordance with the regulation of the State Commission in Lunacy, and that the papers are properly executed, an attendant or nurse is sent to bring the patient to the hospital. The attendant is instructed to obtain the fullest information possible about the history of the case, etc.

There is, doubtless, some advantage in having patients brought to the hospital by the hospital attendants, though in the majority of cases the service could be performed satisfactorily and safely by the superintendent of the poor or the patient's friends, and thus save the hospital a large sum of money during the year. Incidentally, too, the accompanying friends would be able to give the physicians a better history than is usually obtainable when the data are procured by the attendants.

The total cost of transportation of patients for the fiscal year was \$1,923.88; per capita cost, \$1.92.

WILLARD STATE HOSPITAL.

Whenever word is received that there is a patient to be brought to the hospital the requisite number of nurses or attendants are sent to remove the patient, in accordance with the regulations of the State Commission in Lunacy. They are always provided with sufficient money to meet any emergency that may arise, and are instructed as follows:

First, not to receive idiots.

Review of State Hospitals—Special Reports of Superintendents.

Not to accept patients from an alms-house, but in such cases to telegraph the superintendent and await the arrival of a physician.

Not to attempt to take forcible possession of a patient whose relatives or guardians offer objections; but if the patient be not turned over to them by the authorities, to return without him.

Not to accept a patient who appears physically unable to stand the trip, except upon the advice of a physician.

To be sure that the clothing is new and clean in all cases.

To have the patient leave all money, jewelry, etc., at home.

To ascertain whether the relatives are able to pay toward the support of patient.

To procure a history of the case.

To get the name and degree of relationship of the nearest relative.

That a certificate of lunacy is good for ten days only, counting the day of examination as one day.

That only one date should be given in line 37 of the medical certificate.

That the certificate is not good unless the residence of the patient (line 39) is within the jurisdiction of the judge who approves.

That a certificate, without the approval of any judge, is good for five days after the patient is admitted to the hospital.

To be careful to retain a firm hold upon the patient when in the vicinity of bridges, railroad trains, water-courses or other dangerous places, and also in moving from one part of a car to another.

In hiring a conveyance, to arrange the price beforehand.

That a patient is not to be left alone for a moment.

Always to hire a hack in preference to taking a noisy and restive patient on a street car.

That, if compelled to stop over night on the journey, at least one attendant must remain awake and on guard constantly.

To provide meals at regular intervals.

Review of State Hospitals—Special Reports of Superintendents.

Not to compel a quiet patient to occupy a smoking-car against his will.

This method, so far as our experience goes, presents many advantages over the former method of removal by the superintendents of the poor, or their agents. Among others may be mentioned the following:

It insures the proper care of the patient by experienced attendants of the same sex as the patient during the transfer; the greatest safety in managing the disturbed and suicidal classes; the procuring of a connected history of the case, so that the treatment can be commenced with a clear and definite knowledge of each patient in most instances. It minimizes the reception of patients upon irregular and defective medical certificates. It results in patients being brought to the hospital with new and clean clothing, and not covered with vermin, as was frequently the case under the old method. In many cases it is possible for the trained nurses or attendants to discover whether the friends are able to reimburse the State for the patient's care, either in whole or in part, and finally the cost of the transfer is less than it was when patients were brought by the superintendents of the poor, or their agents, and at the same time the greatest comfort possible, consistent with the condition of the patient, is assured.

Under the present method the total cost of bringing patients to the hospital during the fiscal year was \$3,702.95; per capita cost, \$1.692.

HUDSON RIVER STATE HOSPITAL.

The transfer of patients to the hospital is made by experienced attendants from the hospital. The procedure is as follows:

A message is sent, either by mail, telephone or telegraph, by the superintendent of the poor or the county judge, stating that a patient is ready to be taken to the hospital. They have all been instructed as to the amount of information we desire, and generally the message informs us as to whether the patient is troublesome or not and the number of attendants that will be required. If the patient is a woman and is likely to be very troublesome a

Review of State Hospitals—Special Reports of Superintendents.

man and wife are sent, but under ordinary circumstances we prefer to have the transfer of women made entirely by women. Attendants are always instructed to obtain any additional help that may be necessary, but it is very unusual for them to require any extra assistance.

My experience leads me to believe that the present methods are far preferable to those formerly in use.

The per capita and total cost of bringing patients to the hospital under the present method during the fiscal year was as follows: Per capita cost, \$2.778; total cost, \$5,121.06.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

The present method of obtaining patients is that of sending trained nurses to the homes of the patients for them. These nurses are instructed in the task of caring properly for the patient while in transit. Also they attend to the matter of suitable clothing, and a proper condition of the patient before starting on the journey to the institution. Likewise a trained nurse examines the commitment papers, and in case they are defective, he or she sees to it that they are completed according to law before taking charge of the patient. In cases of great emergency, the attendant would of course bring the patient to the hospital, and allow the completed commitment papers to follow within five days as provided by law.

When patients are poor and ignorant, and unable to comprehend the act of commitment to a hospital, there seems to be no great objection to sending attendants for them. But if a patient is peculiarly sensitive and suspicious, and knows when he reaches the hospital that he has been captured and brought in by hospital employes, he is apt to be more than ever suspicious against the institution which is trying to befriend him. When private patients are brought here, we encourage the friends to secure nurses from other places to bring them, or else bring them on their own account. When such patients accuse us of having kidnapped them, and captured them, and brought them into the hospital at the hands of hired minions, we assure them that such

Review of State Hospitals—Special Reports of Superintendents.

is not the case, and in that way we relieve their suspicions against the hospital. In our past experience, we may say that, as a rule, the superintendents of the poor have been careful and kind-hearted men, and have brought the patients to the institution in as comfortable a manner as they could devise. Still, it may be an improvement, in the long run, to have trained nurses assist the friends in bringing patients to a State hospital. When patients are unusually suspicious of the actions of those around them, they should be placed upon wards where they will not be apt to see those who brought them to the institution.

Per capita cost, \$1.063; total cost, \$1,166.10.

BUFFALO STATE HOSPITAL.

The present method of removing patients from their homes to the State Hospital is that recommended by the State Commission in Lunacy, viz., the sending of trained attendants to the homes or places of detention of patients. We believe that the system works well; that they are brought with less excitement and consequently less injury to the patient.

The per capita cost and the total cost of bringing patients to the hospital under this method is as follows: Per capita cost, 00.39; total cost, \$1,140.04.

BINGHAMTON STATE HOSPITAL.

One or more attendants, as the case may require, are usually sent for the patient when notice is received that he is ready for transfer. The attendant, on arrival at the point where the patient is in custody, ascertains if his papers are complete and he is ready for transfer. If so, he brings the patient as comfortably as possible to the institution. The total cost of such transfers for the year ending September 30, 1895, was \$1,688.66, and the per capita cost was \$1.38. I believe that this method of bringing patients to the hospital is much more satisfactory from every point of view than the old way of having the superintendents of the poor or their agents bring them.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

The present method of removing patients from their homes, or elsewhere, to the hospital, is for the officer or friend interested in the commitment to inform the hospital by telegraph or letter that the patient is ready for the commitment to the hospital, and an attendant is sent with instructions as to details in the care and transportation. This plan has worked very well and to the advantage of the patient and to the public interest, as compared with the former method. The total cost of transportation during the year was \$4,843.02; per capita cost, \$4.20.

ROCHESTER STATE HOSPITAL.

Upon receiving notice of the whereabouts of a patient, duly certified as insane, attendants are sent from the hospital, who note the surroundings and gather whatever information is possible relative to the symptoms and history of the case. They accompany the patient to the hospital and report to the medical officer in charge.

The experience thus far had with this method of removing patients from their homes to the hospital leads me to the opinion that this method is advantageous, both as regards the welfare of the patients and the public interest, as compared with the former method of removal. The total cost of bringing patients to the hospital under the present method during the fiscal year has been \$141.23; the per capita cost of bringing patients to the hospital under the present method during the fiscal year has been .72.

MATTEAWAN STATE HOSPITAL.

When patients are committed to our custody by order of court, they are usually conveyed to the hospital in the custody of the sheriff of the county in which the court was held. Those who become insane while undergoing sentence are brought to the hospital in the custody of some one of the officers connected with the various penal institutions of the State. The cost of conveying patients and of committing them to our charge is not paid out

Review of State Hospitals—Special Reports of Superintendents.

of the funds of this hospital. The question as framed does not apply to the practice in use at this hospital, and therefore we can not form a comparison with the method of removal by the superintendents of the poor or their agents.

25. State what proportion, if any, of patients' wearing apparel, including headgear and footwear, also nurses and attendants' uniforms, is made at the hospital.

UTICA STATE HOSPITAL.

Almost the entire outfit of wearing apparel for male patients is made at the hospital, namely, suit of clothes and overcoat, cap, shoes and stockings and shirts. For women patients dresses and underwear, shoes and stockings, as well as mittens are made here. It is intended in the near future to make cloaks also.

Attendants' uniforms are all made at the hospital, while in the case of nurses the material is furnished them at cost and they make their own uniforms and caps.

WILLARD STATE HOSPITAL.

All the wearing apparel for women is made at the hospital, except shoes and slippers. The same thing applies to male patients, with the exception that hats and caps are not included.

The women attendants make their own uniforms and the men attendants' uniforms are made by a tailor who is not connected with the hospital. In a good many cases among the patients, friends supply the proper clothing, and they are always encouraged to do this.

HUDSON RIVER STATE HOSPITAL.

About sixty per cent. of patients' apparel, comprising suits and shoes for men and dresses and skirts for women, is made in the hospital; shoes and slippers for women and shirts and underwear for both sexes are purchased.

Review of State Hospitals—Special Reports of Superintendents.

Nurses make their own uniforms.

Thirty-three and one-third per cent. of attendants' uniforms are made here.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

About three-fourths of the wearing apparel for male and female patients is manufactured at the hospital. We do not make "head-wear and foot-gear" as yet; neither does the institution make uniforms for nurses or attendants.

BUFFALO STATE HOSPITAL.

About two-thirds of the wearing apparel for patients is made at the hospital. Nurses' dresses are made by the nurses themselves at the hospital, the material being supplied at cost prices. Attendants' uniforms are made at the hospital at twelve dollars each.

BINGHAMTON STATE HOSPITAL.

All wearing apparel for patients, excepting knit underwear, hose, hats, rubbers, rubber boots, white shirts, shawls and hoods are made in the hospital. For employes, nurses' caps for women and uniform suits for men are made in the hospital.

ST. LAWRENCE STATE HOSPITAL.

All the wearing apparel for women patients, except head-gear and foot-wear and knit underwear, is made at the hospital; and some shoes are manufactured in the hospital. All men's outer clothing is manufactured in the hospital, and underclothing, except knit underwear; a small amount of footwear is manufactured here. All nurses and attendants' uniforms are made at the hospital.

ROCHESTER STATE HOSPITAL.

Two-thirds of the patients' wearing apparel is made at the hospital; also all of the male attendants' and about one-half of the female attendants' uniforms.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

Practically all the underclothing as well as the pantaloons, coats and vests for men, dresses and undergarments for women, including a large proportion of slippers and shoes, are manufactured at this hospital. We have not manufactured as yet any attendants' uniforms.

26. State the various kinds of industrial occupations provided for patients, and the average daily number of patients engaged in each during the fiscal year.

UTICA STATE HOSPITAL.

In administration building.....	4
With apothecary	1
With baker	1
With barber	1
With blacksmith	2
With butcher	2
With carpenter	5
In clerical work	2
With combmaker	1
In dining-room	140
With engineer	2
Farm, barn and grounds	55
In kitchens	22
In laundry	56
With mason	5
With painter	4
Printing and bookbinding	15
Sewing and knitting	86
Shoemaking.....	2
Stocking making	1
With storekeeper	2

Review of State Hospitals—Special Reports of Superintendents.

Tailoring.	22
With upholsterer (in broom, brush, mat and mattress making, caning chairs, etc.).	11
In ward work	167
<hr/>	
Average	609
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These are approximate figures, as some patients are engaged in two or three occupations in the course of one day.

WILLARD STATE HOSPITAL.

The following list shows the various kinds of industrial occupations and the average daily number engaged in each:

Farm.	28
Grounds.	74
Engineer	5
Carpenter.	1
Shoemaker.	4
Laundry	30
Needlework	150
Store	2
Gardens	15
Barns and piggeries	22
Tailor	20
Painter	1
Baker	2
Kitchen and dining-rooms	147
Ward work	559
Printer	1
<hr/>	
Average	1,061
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Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

Average number of patients engaged in various kinds of occupation during the year ending September 30, 1895:

Ward work, dining-room and kitchens.....	534
Laundry and ironing-room	98
Sewing-rooms	65
Shop work	20
Farm work	78
Grading	173
<hr/>	
Average	968
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

OCCUPATION.	AVERAGE DAILY NUMBER.	
	Men.	Women.
General work	17	41
Ward work	41	19
Dining-room	35	32
Laundry	18	8
Sewing-room . . . . .	.....	37
Boiler-house	9	.....
Kitchen	3	.....
Printing office	5	.....
Tailor shop	2	.....
Carpenter shop	1	.....
Painting	2	.....
Farm and garden	11	.....

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

The various kinds of occupations and the average number of patients daily engaged in each during the year is as follows:

	Men.
On the wards	75
In the dining-rooms	48
On the farm	6
In the barn	5
In the garden and lawn	3
In the engine-house	10
With the carpenter	2
With the painter	3
With the shoemaker	4
With the tailor	5
In the workshops	9
In the laundry	2
In the kitchen	8
With the supervisor	1
With the office boy	2
Care of person and room only.....	64
Unclassified indoors	14
Unclassified outdoors	13

Average total	280
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Average population	385
Average per cent. employed.....	72

	Women.
On the wards	41
In the dining-room	39
In the center	4
In the laundry	59
In the sewing-room	57
In the mending-room	42

Review of State Hospitals—Special Reports of Superintendents.

	Women.
Knitting	4
Embroidery, etc	6
At school	6
Care room and person only	11
Tailoring	8
Unclassified	10
Average total	287
Average population	392
Average per cent. employed	75

BINGHAMTON STATE HOSPITAL.

Upholstery shop, average daily number employed	17
Shoe shop, average daily number employed	5
Tailor shop, average daily number employed	2
Sewing-room, average daily number employed	39

ST. LAWRENCE STATE HOSPITAL.

The occupation provided for patients and the average daily number engaged in each is as follows:

Ward and domestic work	383
Dining-room work	110
Kitchens	54
Laundry	55
Shops	30
Sewing	169
Fancy work	21
Farm and grounds	85
Boiler-house	20
Store	3
Offices	2

The patients employed in the shops are not kept constantly at one employment, but are changed from time to time. They are

Review of State Hospitals—Special Reports of Superintendents.

employed in the mat department, shoe department, tailoring department, brush department, broom department, etc.

ROCHESTER STATE HOSPITAL.

Farm, garden and grounds	38
Boiler-house	4
Laundry	29
Kitchen	26
Shops	13
Store	2
Needlework	26
Wards	151
Dining-rooms	45
<hr/>	
Average	334
<hr/>	

MATTEAWAN STATE HOSPITAL.

The industrial occupations provided for patients and the average daily number employed in each are as follows:

Ward work	109
Dining-room	20
Kitchen	8
Bakery	4
Store-room	2
Laundry	12
Carpenter shop	5
Painters	2
Engineers	2
Plumber	1
Firemen	4
Tailors	13
Shoemaker	1
Farmers	10
Yardmen	4
Road making and grading	70

Review of State Hospitals—Special Reports of Superintendents.

Blacksmiths	2
Barn	1
Masons	5
Seamstresses	7

27. State the per capita and total cost for the year for the diversion and amusement of patients; also if in your opinion it would be desirable to provide a certain per capita allowance for this purpose.

UTICA STATE HOSPITAL.

The total cost for amusements for the fiscal year was \$423.70; per capita cost, forty-two cents.

It would be desirable to provide a certain per capita allowance for this purpose.

WILLARD STATE HOSPITAL.

The per capita cost of diversion of patients for the fiscal year was \$0.225; total cost, \$492.68. I consider that a certain per capita cost for this purpose would be most desirable.

HUDSON RIVER STATE HOSPITAL.

Per capita cost, \$0.576; total cost, \$855.23.

Yes.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Per capita cost, \$0.43; total cost, \$471. Referring to the foregoing statements, we are of the opinion that a per capita allowance for fun would be the proper caper. I would suggest that a monthly per capita allowance of four cents per patient be made.

BUFFALO STATE HOSPITAL.

Total cost, \$389.70; per capita cost per week, \$0.0091.

One and one-half cents per week per patient would seem an ample allowance for amusements for patients, though actual trial would be necessary to determine how much would be necessary.

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

Per capita cost, \$0.16; total cost, \$203.82.

ST. LAWRENCE STATE HOSPITAL.

Per capita cost, \$0.36; total cost, \$417.38. I think it desirable to have some fixed sum that can be depended upon.

ROCHESTER STATE HOSPITAL.

Per capita cost, \$0.411; total cost, \$189.82.

A certain per capita allowance for the purpose of diversion and amusement would, in my opinion, be very desirable.

MATTEAWAN STATE HOSPITAL.

The per capita cost for the year for the diversion and amusement of patients was \$0.22; the total cost of such entertainment was \$106.12. I believe it would be desirable to provide a certain per capita allowance for this purpose, on the ground that it furnishes a recreation and is a means of awakening in patients an interest in their surroundings, and is, therefore, helpful to them, and in a large measure curative.

28. State what provisions are made for religious services for patients, as regards denominations or creeds, and the frequency of holding such services; also the total annual cost of the same.

UTICA STATE HOSPITAL.

The hospital has a regular chaplain who holds services (Episcopal) every Sunday afternoon, and who visits the wards at frequent intervals. Roman Catholic services are also held at stated intervals, usually twice a month. Whenever occasion for the services of a priest or minister arises, patients have the benefit of the ministrations of a representative of their own faith.

The total annual cost of these services is about \$1,000. Services of choir and organist amount to about \$300 more.

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

Religious services are held every Sunday, the Episcopal, Methodist and Presbyterian clergymen acting in rotation. The Catholic priest is called to see any patients desiring a visit from him, and in all cases when a patient belonging to the Roman Catholic faith is dangerously ill.

The total cost for religious services is \$1,000 per annum.

HUDSON RIVER STATE HOSPITAL.

Episcopal services are held in the chapel every Sunday afternoon; Catholic priests also visit patients of the Catholic creed, but receive no pay for their services. The annual cost of religious services was \$703.43.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

We believe in giving absolute religious liberty to each person so far as it may be consistently accorded. The custom has prevailed here for some years (and to the general satisfaction of the patients) of having ministers of the various denominations hold services every Sunday afternoon in regular rotation. In this way the patients who are able to attend chapel exercises may see the ministerial representatives of the various creeds and denominations, and then make such selections as they deem proper. The Roman Catholic clergy respond to calls whenever they are made. Special services have sometimes been held upon the wards at varying intervals by priests residing in Middletown.

The total cost for religious services at this institution for the fiscal year was \$250. It would have been \$260 but for the accidental omission of services on two Sundays.

BUFFALO STATE HOSPITAL.

Religious services are held every Sunday throughout the year with the exception of two Sundays in August. Protestant services are held every Sunday, all denominations being represented, and services by a Roman Catholic clergyman are held two Sundays in each month.

Total cost for the year (including music) \$558.40.

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

The hospital has no regular chaplain. Services are held regularly once each Sunday, and sometimes twice, by clergymen residing in Binghamton or its immediate vicinity. Representatives of the various denominations are invited in rotation. Arrangements are made for Roman Catholic mass once each month. The cost is approximately \$600 per year.

ST. LAWRENCE STATE HOSPITAL.

Religious services are held each Sunday afternoon at three o'clock alternately, by denominations represented in the churches located in the city of Ogdensburg. On account of the large proportion of Roman Catholic patients, the Roman Catholic services are held once monthly, whereas the Protestant denominations are held alternately at longer intervals, but it provides for one service weekly. The Roman Catholic clergymen also hold sacramental services at other times through the week. The total annual cost of religious services is less than \$600.

ROCHESTER STATE HOSPITAL.

Religious services for the patients, both Catholic and Protestant, have been provided each Sabbath, also at times of dangerous sickness and burial. Total annual cost of the same, \$466.

MATTEAWAN STATE HOSPITAL.

Provision is made for weekly religious services for patients, at which the clergy of the neighboring villages officiate in turn, including the following Protestant denominations: Dutch Reformed, Methodist, Baptist, Presbyterian, and in addition the Catholic priests of this parish officiate from time to time, the dates of such services being left to their appointment. Personal religious services are also provided for those of the Catholic faith in cases of serious illness or death. The total annual cost of all religious services is about \$350.

Review of State Hospitals—Special Reports of Superintendents.

29. Give an itemized list of medical books purchased during the fiscal year, and the total cost of the same.

UTICA STATE HOSPITAL.

A Manual of Hygiene (Bissell).

Report in Neurology (Johns Hopkins).

The Criminal (Havelock Ellis).

Bedside Clinical Record (Macfarlane & Mosher).

Public Treatment of Pauperism (Johns Hopkins), five volumes.

Proceedings of National Conference of Charities and Correction.

Mental Nursing (Harding).

System of Surgery (Dennis).

Hypnotism; How It Is Done; Its Use and Dangers (Cocke).

Surgical Pathology and Therapeutics (Warren).

Suggestions to Hospital and Asylum Visitors (Billings).

Mentally Deficient Children, Their Treatment and Training (Shuttleworth).

Degeneracy (Nordau).

The Insane and the Law (Lewis).

The Senile Heart (Balfour).

Pyogenic Infective Disease of the Brain and Spinal Cord (Macewen).

Suicide and Insanity (Strahan).

The Physician's German Vademecum (Rosenthal).

Medical Register of New York, New Jersey and Connecticut.

Headache (Campbell).

Mental Disease (Daniel Clark).

Total cost, \$70.01.

WILLARD STATE HOSPITAL.

The following medical books were purchased during the fiscal year:

Man of Genius (Lombroso), one volume.....	\$1 25
The Criminal (Ellis), one volume.....	1 25

Review of State Hospitals—Special Reports of Superintendents.

Medical Jurisprudence (Witthous & Becker), volumes 1 and 2.....	\$12 00
Diseases of the Nervous System (Gower), volume 2.....	4 50
Clinical Manual (McFarlane), volume 1.....	1 25
One United States Dispensatory, volume 1.....	5 75
The Insane, Feeble-Minded, Criminals, volume 1.....	1 50
Brain Surgery (Starr), volume 1.....	2 58
Degeneration (Nordau), volume 1.....	2 34
Sanity and Insanity (Mercier), volume 1.....	84
Handbook of Massage (Hartwell), volume 1.....	2 20
Hospitals, Dispensaries and Nursing.....	4 82
Clouston on Mental Disease, volume 1.....	3 20
Text-book on Nursing (Phelps), volume 1.....	1 00
Suggestions to Hospital Visitors (Billings), volume 1...	50
Dercum's Text-book of Nervous Diseases, volume 1....	6 00
Total cost.....	<hr/> \$50 98 <hr/>

HUDSON RIVER STATE HOSPITAL.

Medical Books Purchased.

Regis Practical Manual of Medicine.....	\$2 00
Medical Diagnosis.	4 00
Medical Register.	2 50
System of Surgery (Dennis), two volumes, "A" "B"....	14 00
The American System of Gynecology and Obstetrics, four volumes.	24 00
Dictionary of Medicine.....	5 00
Report on Malaria.....	2 00
Sken's Gynecology	5 00
Thomson's Dialectics.	5 00
Total cost of medical books purchased.....	<hr/> \$63 50 <hr/>

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

International Clinic, edited by Judson Daland, M.D., and others;
Cyclopedia of Names, published by the Century Company; Prac-
tice of Medicine, Goodno. Total cost of the same, \$29.

BUFFALO STATE HOSPITAL.

Quain's Medical Dictionary.
Huxley's Physiology.
Atlas of Head Sections, etc.
Hampton's "Nursing."
Manual of Mental Medicine.
Medical Jurisprudence (Forensic).
Medicine and Toxicology.
Total cost, \$46.22.

BINGHAMTON STATE HOSPITAL.

Mental Disease (Clark).....	\$1 20
Practical Manual Mental Medicine.....	1 88
Hamilton's System of Legal Medicine.....	13 00
Pathological Anatomy and Histology.....	6 00
Text-book Morbid Histology.....	5 75
Language of Medicine.....	2 30
Localization of Cerebral Disease.....	2 10
Microscopical Technology.....	75
Insane in Foreign Countries.....	2 25
Bacteriological Diagnosis.	1 50
International System of Electro-Therapeutics.....	5 50
Mental Disease (Bevan Lewis).....	4 65
Dana's Text-book of Nervous Diseases.....	2 42
Nordau's Degeneracy.....	2 33
Warren's Surgical Pathology.....	7 00

Total. \$58 63

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

The medical books purchased are as follows:

Goodall's Microscopical Examination.

Morrow's System of Genito-Urinary Diseases.

Matthews' on Diseases of Rectum.

Hoit's Diseases of Nervous System.

Fuch's Text-book of Ophthalmology.

Tillman's Surgical Pathology.

Deuch Manual.

American Journal of Psychology, volume 6.

Bacteriological Methods.

Degeneration.

Pathology and Bacteriology, volumes 1 and 2.

Brain, volumes 14, 15, 17 and 18.

Pharmacy (Remington).

Mentally Deficient.

Nervous Diseases (Dana).

Pathology of the Mind (Maudsley).

Hypnotism.

Total cost of same, \$101.65.

ROCHESTER STATE HOSPITAL.

A Text-book of Nursing (Shaw), one dozen at \$1.40.....	\$16 80
How to Care for the Insane (Granger), one dozen at 60 cents.	7 20
The Human Body (Smith), one dozen at 50 cents.....	6 00
Report of Neurology	1 50
Total.	<hr/> \$31 50 <hr/>

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The following is an itemized list of medical books purchased during the year and the total cost of the same:

History of the Criminal Law of England (Stephens), three volumes.

Hamilton's System of Legal Medicine, two volumes.

Diseases of the Brain and Spinal Cord (Macewen).

Degeneration (Max Nordau).

Diagnosis of Diseases of the Nervous System (C. A. Herter).

Howe on Emergencies.

Mental Affections of Childhood and Youth (J. Langdon Down).

Growth of Criminal Law in Ancient Communities (E. R. Cherry).

Notes on Surgery for Nurses (Joseph Bell).

Hospital Dispensaries and Nursing (Johns Hopkins Press).

Text-book of Nursing (Clara S. Weeks).

Prompt Aid to the Injured (Doty).

Hygiene of Sick Room (Canfield).

Mental Diseases (Daniel Clark).

Physiology and Hygiene.

Manual of Autopsies (Blackburn).

Hypnotism (Albert Moll).

Study of Sociology (Herbert Spencer).

Surgical Nursing (Voswinkel).

Visiting Nurses (Shawe).

Female Life in Prison (F. W. Robinson).

Notes on Nursing (Florence Nightingale).

Accidental Injuries (James Cantlie).

The Human Body and Its Health (Smith).

How to Care for the Insane (Granger).

The Female Offender (Lombroso).

The Jukes (Digdale).

Clinical Lectures (Gowers).

The total cost was \$56.25.

Review of State Hospitals—Special Reports of Superintendents.

30. Give an itemized list of medical journals regularly received on subscription during the year, and the total cost of the same.

UTICA STATE HOSPITAL.

American Journal of Medical Sciences.

The Medical Record.

The New York Medical Journal.

Journal of Mental Science.

Boston Medical and Surgical Journal.

Edinburg Medical Journal.

British Medical Journal.

The Lancet.

The Medical News.

American Journal of Insanity.

Journal of Pathology and Bacteriology.

Archiv fur Psychiatrie.

Annales Medico-Psychologiques.

Total cost of same, \$63.25.

WILLARD STATE HOSPITAL.

The following medical journals are received regularly:

American Journal of Insanity.....	\$5 00
Journal of Mental Science.....	3 80
Alienist and Neurologist.....	5 00
Journal of Nervous and Mental Diseases.....	2 25
Medical Record.....	3 75
The Medical Week.....	2 00
Medical News.....	4 00
New York Medical Journal.....	5 00
Total cost.....	<u>\$30 80</u>

HUDSON RIVER STATE HOSPITAL.

Journal of Nervous and Mental Diseases.....	\$3 00
American Journal of Medical Science and Medical News,	4 00
Medical Record.....	5 00

Review of State Hospitals—Special Reports of Superintendents.

New York Medical Journal.....	\$5 00
London Lancet.....	8 00
Alienist and Neurologist.....	5 00
The Journal of Mental Science.....	5 20
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Total cost of subscriptions.....	\$35 20
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

New England Medical Gazette.
 New York Medical Times.
 North American Journal of Homeopathy.
 Medical Record.
 Medical Century.
 Alienist and Neurologist.
 Journal of Nervous and Mental Diseases.
 Journal of Mental Science.
 American Homeopathsists.
 Medico-Legal Journal.
 American Journal of Insanity.
 Total cost, \$21.50.

BUFFALO STATE HOSPITAL.

Medical Record.
 Medical News, of Philadelphia.
 American Journal of the Medical Sciences.
 Journal of Mental and Nervous Diseases.
 Journal of Mental Science.
 Buffalo Medical and Surgical Journal.
 Therapeutic Gazette.
 University Medical Record.
 Johns Hopkins Hospital Bulletin.
 Annals of Gynaecology and Pediatrics.
 Total cost, \$28.90.

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

Sajous Annual.....	\$15 00
Journal of Nervous and Mental Diseases.....	3 00
Medical Record.....	5 00
Medical Journal.....	5 00
International Medical Annual.....	2 75
Medico-Legal Journal.....	3 00
Alienist and Neurologist.....	5 00
Lancet.....	8 00
	<hr/>
	\$46 75
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ST. LAWRENCE STATE HOSPITAL.

The medical journals regularly received on subscription during the year were as follows:

Brain.

London Lancet.

Journal of Mental Sciences.

Psychological Review.

American Journal of Insanity.

New York Medical Record.

American Journal of Medical Science.

Alienist and Neurologist.

Journal of Nervous and Mental Diseases.

American Medico-Surgical Bulletin.

Journal of Pathology and Bacteriology.

Johns Hopkins Bulletin.

Total annual cost of same, \$53.65.

ROCHESTER STATE HOSPITAL.

American Journal of Insanity.....	\$5 00
The Medical Record.....	5 00
The Am. Jour. of Obs. and Diseases of Women.....	5 00
American Journal of Psychology.....	5 00
Alienist and Neurologist, vols. 15 and 16.....	10 00
The Journal of Nervous and Mental Diseases, six months,	1 50
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	\$31 50
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Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The following medical journals are received regularly on subscription:

American Journal of Insanity.

Journal of Mental and Nervous Diseases.

Alienist and Neurologist.

Journal of Mental Science.

New York Medical Record.

Medico-Legal Journal.

The total cost of such periodicals is \$29.10.

31. Give an itemized list of other publications, including books, magazines, daily newspapers, etc., purchased or received on subscription or donation by the hospital during the year, and the total cost of the same:

UTICA STATE HOSPITAL.

Session Laws; Utica City Directory; Steiler's Atlas, number to complete set; odd numbers of magazines for patients' library.

Total cost of same, \$11.50.

Merck's Market Report; Journal of Commerce; New York Herald; New York Times; New York Sun; Harper's Weekly; Utica Herald; Utica Press; Utica Observer.

Total cost of same per year, \$59.

WILLARD STATE HOSPITAL.

The following books were purchased:

Twenty-five Bibles.	\$11 25
Sixty-two prayer-books.	18 66

————— \$29 91

Review of State Hospitals—Special Reports of Superintendents.

The following periodicals are regularly received on subscription:

Travelers' Official Railway Guide.....	\$2 00
Journal of Commerce.....	12 00
New York Times.....	9 75
New York Tribune.....	9 45
New York Sun.....	7 50
New York Herald.....	10 00
Rochester Democrat and Chronicle.....	5 25
Albany Argus.....	6 00
Albany Journal.....	6 00
New York Clipper.....	5 00
Outlook (six copies).....	12 00
Munsey's (two copies).....	2 00
Romance (two copies).....	2 00
Ladies' Home Journal (four copies).....	2 00
Country Gentleman.....	2 50
	<hr/>
	\$93 45
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Total cost.	\$123 36
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The following books were received as donations:

Higher Education in Tennessee, paper.

Higher Education in Iowa, paper.

History of Education in Connecticut, paper.

Two volumes Assembly Journal, bound.

One volume Senate Journal, bound.

Vol. 15, Index Catalogue of Books in Surgeon-General's Office.

Vol. 16, Index Catalogue of Books in Surgeon-General's Office.

Report of State Commission in Lunacy for 1893.

Fifty-one pamphlets on the Wilson Tariff Bill, paper.

One volume Abnormal Man (McDonald), paper.

Report of Secretary of Agriculture, 1893, paper.

Report of Massachusetts State Board of Lunacy, paper.

Tenth and eleventh reports United States Civil Service Commission, paper.

Review of State Hospitals—Special Reports of Superintendents.

Report of State Board of Charities, 1893, cloth.

Report of Commission of Education, 1891-2, cloth.

Two copies Vol. 1, Laws of 1895, New York, sheep.

The following newspapers have been gratuitously contributed to the patients' library:

NAME OF PUBLICATION.	Place of publication.	Number of copies.
Auburn Weekly Bulletin	Auburn, N. Y.	1
Auburn Deutsche Zeitung	Auburn, N. Y.	2
Allegany County Democrat	Wellsville, N. Y.	2
Alfred Sun	Alfred Center, N. Y.	1
Addison Advertiser	Addison, N. Y.	2
Addison Record	Addison, N. Y.	1
Attica News	Attica, N. Y.	1
Batavia Daily News	Batavia, N. Y.	1
Castilian	Castile, N. Y.	1
Connecticut Catholic	Hartford, Conn.	1
Cayuga Chief	Weedsport, N. Y.	1
Cohocton Times	Cohocton, N. Y.	1
Catholic Review	New York city	1
Cayuga County Independent	Auburn, N. Y.	1
Conglomerate	Middletown, N. Y.	2
Caledonia Advertiser	Caledonia, N. Y.	1
Catholic Journal	Rochester, N. Y.	1
Democratic Herald	Clyde, N. Y.	1
Dryden Herald	Dryden, N. Y.	1
Evening Tribune	Hornellsville, N. Y.	1
Elmira Budget	Elmira, N. Y.	1
Elmira Star (daily)	Elmira, N. Y.	1
Every Week	Angelica, N. Y.	3
Farmers' Journal	Hornellsville, N. Y.	1
Farmer Review	Farmer, N. Y.	2
Fredonia Advertiser	Fredonia, N. Y.	1
Geneva Advertiser	Geneva, N. Y.	1
Geneva Gazette	Geneva, N. Y.	1
Geneva Courier	Geneva, N. Y.	1
Groton and Lansing Journal	Groton, N. Y.	1
Holley Standard	Holley, N. Y.	1
Hospital Leaflet	R. H. H., Rochester, N. Y.	1
Hammondsport Herald	Hammondsport, N. Y.	1
Hornellsville Times	Hornellsville, N. Y.	1
Hornellsville Weekly Tribune	Hornellsville, N. Y.	1
Ithaca Journal	Ithaca, N. Y.	2
Ithaca Democrat	Ithaca, N. Y.	1
Ladies' Home Journal	Philadelphia, Pa.	1
Livingston Republican	Geneseo, N. Y.	1
Lake Shore News	Wolcott, N. Y.	1
Le Roy Gazette	Le Roy, N. Y.	1
Livonia Gazette	Livonia, N. Y.	1
Montour Falls Free Press	Montour Falls, N. Y.	1
Mt. Morris Enterprise	Mt. Morris, N. Y.	1
National Tribune	Washington, D. C.	1
Ologist	Albion, N. Y.	1
Orleans County Herald	Albion, N. Y.	1
Orleans American	Albion, N. Y.	1
Oakfield Reporter	Oakfield, N. Y.	2

Review of State Hospitals—Special Reports of Superintendents.

NAME OF PUBLICATION.	Place of publication.	Number of copies.
Ovid Independent.....	Ovid, N. Y.....	2
Ovid Gazette.....	Ovid, N. Y.....	1
Ontario County Times.....	Canandaigua, N. Y.....	1
Ontario County Journal.....	Canandaigua, N. Y.....	4
Perry Herald and News.....	Perry, N. Y.....	2
Penn Yan Express.....	Penn Yan, N. Y.....	1
Penn Yan Democrat.....	Penn Yan, N. Y.....	1
Phelps Citizen.....	Phelps, N. Y.....	1
Prattsburg News.....	Prattsburg, N. Y.....	1
Progressive Batavian.....	Batavia, N. Y.....	2
Rochester Morning Herald (daily).....	Rochester, N. Y.....	1
Spirit of the Times.....	Batavia, N. Y.....	1
Southern Steuben Republican.....	Woodhull, N. Y.....	1
Seneca Falls Reveille.....	Seneca Falls, N. Y.....	2
Seneca County Journal.....	Seneca Falls, N. Y.....	1
Seneca County Courier.....	Seneca Falls, N. Y.....	1
Steuben Courier.....	Bath, N. Y.....	2
Steuben Farmers' Advocate.....	Bath, N. Y.....	1
Seneca County News Letter.....	Geneva, N. Y.....	1
Seneca County News.....	Waterloo, N. Y.....	1
Union Springs Advertiser.....	Union Springs, N. Y.....	1
Union Advertiser.....	Wayland, N. Y.....	3
Victor Herald.....	Victor, N. Y.....	1
Waterloo Observer.....	Waterloo, N. Y.....	1
Weekly News and Democrat.....	Auburn, N. Y.....	1
Watkins Express.....	Watkins, N. Y.....	1
Watkins Democrat.....	Watkins, N. Y.....	1
Wyoming County Herald.....	Bliss, N. Y.....	1
Yates County Chronicle.....	Penn Yan, N. Y.....	2

HUDSON RIVER STATE HOSPITAL.

Books.

Dickens' Child History of England.....	\$1 54
Appleton's First Readers.....	2 05
Maxmillian and Charlotta.....	1 00
Webster's Dictionary.....	1 80
Franklin Square Song Collection.....	13 68
Bullinger's Monitor Guide.....	6 00
New York City Directory.....	7 50
Poughkeepsie City Directory.....	2 00

Magazines, etc.

St. Nicholas, 2 copies.....	5 36
Harper's Magazine, 2 copies.....	6 30
Harper's Weekly, 2 copies.....	6 70

Review of State Hospitals—Special Reports of Superintendents.

Harper's Bazar, 1 copy.....	\$3 35
Scribner's, 2 copies.....	5 35
Century, 2 copies.....	7 20
Munsey's Magazine, 6 copies.....	6 00
Frank Leslie's Popular Monthly, 2 copies.....	2 40
Frank Leslie's Budget of Wit, 2 copies.....	1 80
Frank Leslie's Pleasant Hours, 2 copies.....	1 40
Cosmopolitan, 6 copies.....	6 90
McClure's Magazine, 6 copies.....	6 00
Romance, 10 copies.....	7 50

Newspapers, etc.

New York Tribune, 1 copy.....	10 00
New York Times, 1 copy.....	10 00
New York Herald, 1 copy.....	10 00
New York Sun, 1 copy.....	8 00
Journal of Commerce, 1 copy.....	12 00
The Argus, 1 copy.....	7 50
The State, 1 copy.....	6 00
Albany Evening Journal, 1 copy.....	7 50
Poughkeepsie Daily Eagle, 3 copies.....	18 00
Poughkeepsie News Press, 2 copies.....	12 00
Poughkeepsie Evening Enterprise, 4 copies.....	20 00
Poughkeepsie Evening Star, 2 copies.....	6 00
Poughkeepsie Sunday Courier, 4 copies.....	7 00
Cultivator and Country Gentleman, 1 copy.....	2 50
The National Provisioner, 1 copy.....	3 00
Scientific American, 1 copy.....	3 00
Electrical World, 1 copy.....	3 00
Leaflets for chapel service (200).....	50 00

Total books, magazines and newspapers..... \$297 27

Acceptable donations of books and periodicals are made by various people and societies of Poughkeepsie, New York, and elsewhere, but owing to the infrequency of the donations, which are

Review of State Hospitals—Special Reports of Superintendents.

made in no considerable amounts, we do not enter them in our library catalogue, and are, therefore, unable to give a list of the varied publications thus received.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Publications purchased:

Public Opinion	\$1 20
Journal of Commerce	12 00
Herald, Times, Tribune, Sun, World	36 00
Scientific American	2 65
American Grocer	2 20
Total	<u>\$54 05</u>

Received on donation direct from offices of publication: Warwick Dispatch, Goshen Democrat, Walden Citizen, Harper's Monthly, Harper's Weekly, Harper's Bazar, Harper's Young Folks, Walton Chronicle, Port Jervis Gazette, Newburgh Journal.

The following is a list of the exchanges donated by the Conglomerate: Walden Citizen, Norwich Dispatch, Norwich Advertiser, Waterville Times, Sag Harbor Express, Lancaster Argus, St. Louis Humorist, Tell City Journal, Hamilton Republican, Arkansas Thomas Cat, Kingston Leader, Liberty Register, Monticello Watchman, Chester News, Texas Sandwich, Goshen News, Goshen Democrat, South Side Signal, Woman's Column, Our Dumb Animals, Saturday Pink, New York Morning Advertiser, New York Sunday Advertiser, Health and Humanity, World's Advance Thought, Printers' Ink, Scientific American, Our Animal Friends, Snap Shots, Cannelton Times-Telephone.

BUFFALO STATE HOSPITAL.

Harper's Weekly, Century Magazine, Scribner's Magazine, Ladies' Home Journal, Buffalo Express, Exchanges. Total cost, \$48.80.

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

The following books were purchased during the year:

All Sorts and Conditions of Men; In the Vestibule Limited; My Year in a Log Cabin; Love Letters of a Wordly Woman; As We Were Saying; A Diplomat's Diary; His Great Self; Starlight Ranch; Hephzibah Guinness; Antoinette of the Marlpit Mystery; Barbara Dering; With Gauge and Swallow; Gold of Pleasure; The Man of Feeling; Virginibus Puerisque; Letters to Dead Authors; In Ole Virginia; Gallegher and Other Stories; The Lady and the Tiger; The Ting-Aling Tales; Children of Gibeon; For Faith and Freedom; The World Went Very Well Then; The Ivory Gate; The Rebel Queen; Kit and Kitty; Lorna Doone; The Miner's Right; The Squatter's Dream; Nevermore; A Sidney Side Saxon; Damen's Ghost; The Bondman; The Little Manx Nation; The Scapegoat; Captain Davy's Honeymoon; Keedon Bluffs; In the Stranger People's Country; His Vanished Star; Cigarette Maker's Romance; The Witch of Prague; An American Politician; Children of the King; With the Immortals; Don Orsino; To Leeward; Paul Platoff; Pietro Ghisleri; The Doings of Raffles Haw; The Firm of Girdlestone; Monte Cristo; The Three Musketeers; Twenty Years After; Memoirs of a Physician; The Conspirators; A Question; Homo Sum; Reflections of a Married Man; Opinions of a Philosopher; In the Heart of the Storm; An Innocent Impostor; A Puritan Pagan; A Successful Man; Vampires; His Letters; Country Luck; Desperate Remedies; Two on a Tower; A Laodicean; Flower De Hundred; A Daughter of the South; Sweet Bells Out of Tune; Mrs. Skagg's Husbands; A Sappho of Green Springs; A Ward of the Golden Gate; Colonel Starbottle's Client; Sally Dows; The Scarlet Letter; Twice-Told Tales; Characteristics of Women; Three Men in a Boat; Idle Thoughts of an Idle Fellow; Told After Supper; In War Time; Far in the Forest; Anna Karenina; Hetty's Strange History; The Story of the Gadsbys; Life's Handicap; Frank Mildmay; Percival Keene; The Poacher; Monsieur Violet; John Halifax, Gentleman; Hedged In; Henry Esmond; Christmas Stories, Ballads; A Fool's Errand; A Royal

Review of State Hospitals—Special Reports of Superintendents.

Gentleman; Ben Hur; The Fair God; The Wide, Wide World; Stephen, M. D.; Diary of a Late Physician; A New England Nun, etc.; A Humble Romance; The Pot of Gold; A Brother of Dragons; According to St. John; Nearest and Dearest; Unknown; A Leap in the Dark; Castle Nowhere; Jupiter Lights; Poems, Household Edition, Bryan; Farm Legends; Farm Ballads; Farm Festivals; Poems, Household Edition, Emerson; Poems, Cabinet Edition, Harte; Poems, Helen Jackson; Neighborly Poems, J. W. Riley; Shakespeare's Works, six volumes; Poems, Cabinet Edition, Saxe; The Crusades; The Early Hanoverians; The Age of Elizabeth; Troy; Early Rome; Four French Women; Life of J. S. Mills; Life of Victor Hugo; Life of Schopenhauer; Life of Sheridan; Life of Shelley; Life of Congreve; Life of Lessing; Life of Balzac; Life of Crabbe; Descent of Man; Katerfelto; The Pilot; Lalla Rookh; Holland and Its People; Expert Waitress; Delmonico Cook Book; Miss Parloa's Kitchen Companion; Haswell's Engineer's Pocket Book; Century Dictionary; Binghamton Directories, two; Encyclopaedia Britannica.

The following newspapers were purchased on subscription during the year:

New York Herald; New York Times; New York Tribune; New York Post; Binghamton Republican; Binghamton Leader; Binghamton Herald.

The cost of books was.....	\$172 24
The cost of newspapers was.....	48 00

The total cost was	<u>\$220 24</u>
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ST. LAWRENCE STATE HOSPITAL.

The other publications received on subscription were as follows: American Dairyman; Electrical World; U. S. Postal Guide; Rural New Yorker; Journal of Commerce, amounting to \$18.75. There were purchased as follows: One Electrical Dictionary; 1 Standard Dictionary, amounting to \$18.50; 1 set session laws at \$3. Total cost of other publications, including books, etc., \$40.25.

Review of State Hospitals—Special Reports of Superintendents.

Donations received by the hospital were as follows: New York Medical Record; Adirondack News; Antwerp Gazette; Baldwinsville Gazette; Canton Commercial Advertiser; Carthage Republican; Chateaugay Record; Conglomerate; East Syracuse News; Essex County Republican; Fayetteville Weekly Recorder; Franklin Gazette; Glens Falls Daily Times; Glens Falls Morning Star; Gouverneur Free Press; Jefferson County Journal; Lakeside Press; Lowville Journal and Republican; Malone Palladium; Mexico Independent; Northern Christian Advocate; Watertown Advocate; Ogdensburg Daily Journal; Oswego Daily Times; Potsdam Courier and Freeman; Potsdam Recorder; Elizabethtown Post; Fort Covington Sun; Fulton Patriot; Lewis County Leader; Malone Farmer; Manlius Eagle; Northern Tribune; Ogdensburg Advance; Ogdensburg News; St. Lawrence Republican; Syracuse Herald; Oswego Daily Press; Plattsburgh Republican; Sandy Creek News; Skaneateles Democrat; Syracuse Standard (2 copies); Syracuse Weekly Express; Sunday Times; Tully Times; Watertown Post; St. Lawrence Herald; St. Lawrence Plaindealer; Syracuse Journal; Ticonderoga Sentinel; Union Gospel News; Watertown Herald; Wesleyan Methodist. Several complete files of magazines and illustrated papers were donated during the year.

ROCHESTER STATE HOSPITAL.

Two copies Rochester Herald at \$7.50.....	\$15 00
Two copies Democrat and Chronicle at \$7.50.....	15 00
Two copies Union and Advertiser at \$6.....	12 00
Two copies Post-Express at \$6	12 00
One copy New York Herald	11 00
One hundred copies Gospel Hymns at twenty cents....	20 00
One music book.....	2 00
One set session laws, 1894.....	3 00
One year's subscription for Railroad Guide.....	2 00
One Bible	3 75
One copy Journal of Commerce.....	10 00
One copy Report Charities National.....	1 50

Review of State Hospitals—Special Reports of Superintendents.

One copy Report on the Insane.....	\$1 50
One copy Delineator.....	1 00
One copy Webster's Dictionary.....	2 40
One cook book.....	50
One copy Rochester Directory.....	4 00
One copy Counting-House Directory.....	2 40
One House Directory	2 50
Total	<u>\$121 50</u>

MATTEAWAN STATE HOSPITAL.

The following is an itemized list of books and magazines, daily newspapers, etc., purchased or received on subscription or donation by the hospital during the year.

The following is a list of newspapers received on subscription:

New York Daily Herald.....	\$8 00
Albany Argus, daily.....	5 50
Poughkeepsie News-Press, daily.....	6 00
Fishkill Daily Journal	3 96
Harper's Weekly	3 35
Harper's Monthly Magazine	3 15
Harper's Bazaar	3 35
Fliegende Blatter	3 20
The total cost is.....	<u>\$36 51</u>

The following is a list of newspapers donated to the hospital:

Albany Daily Press and Knickerbocker; Albany Sunday Press; Albany Weekly Times; American Catholic News, five copies; Baldwinsville Gazette and Farmers' Journal; Ballston Journal, two copies; Brookfield Courier; Buffalo Christliche Woche; Buffalo Volksfreund; Buffalo Wochentlicher Volksfreund; Canastota Journal; Camden Advance Journal; Catholic American; Catholic Union and Times; Catskill Recorder; Cayuga County Independent; Chatham Courier; Chatham Repub-

Review of State Hospitals — Special Reports of Superintendents.

lican; Cherry Creek News; Christian Intelligencer, two copies; Columbia Republican; Conglomerate; Cortland Democrat; Deutscher Anzeiger; Elmira Gazette; Fishkill Journal; Fishkill Standard; Fishkill Weekly Times; Fort Covington Sun; Fulton County Republican; Gloversville Intelligencer; Gowanda Herald; Herkimer Citizen; Herkimer Democrat; Ilion Citizen; International Gazette; Ithaca Democrat; Livingston Republican; Livonia Gazette, two copies; Long Islander; Sonntagsblatt der Brooklyn Freie Presse; Lowville Journal and Republican; Lyons Daily Evening Courant; Moravia Republican; Moravia Valley Register; New York Catholic News; New York Christian Advocate, two copies; New York Evangelist; New York Observer; New York Sonntagsblatt der New York Staats-Zeitung, three copies; New York Weekly Mail and Express; New York Weekly Post; New York Staats-Zeitung, Sonntag und Wochenblatt, two copies; New York Union; New York Weekly Union and Catholic Times; Northern Tribune; Once a Week; Oneonta Press; Oneida Dispatch; Ontario County Journal; Ontario County Times; Orleans American; Oswego Weekly Palladium; Oswego Gazette; Plattsburgh Republican; Rochester Union and Advertiser (daily and weekly); Rochester Volksblatt; Sabbath Recorder; Sandy Creek News; Schenectady Weekly Union; Syracuse Post-Express; Tioga County Record; Washington County Post; Watertown Post; Watertown Reunion; Yates County Chronicle, two copies; Yonkers Gazette.

32. Give an itemized list of "instruments of precision," surgical instruments and medical appliances purchased by the hospital during the fiscal year, and the total cost of the same.

UTICA STATE HOSPITAL.

Soft rubber catheters; silk ligatures; silver probes; vaginal speculum; clinical thermometers; hypodermic syringes; rectal tubes; syringes; suture needles; sponge electrodes. Total cost of same, \$74.40.

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

Knife, needle-holder and forceps for microscopical work; one stethoscope; one surgical bag; one Storer's speculum; one dozen Smith-Hodge pessaries; one Florence Faradic battery; wire for batteries; three-quarter dozen feeding and nasal tubes; one-half dozen rubber and linen catheters; one dozen linen urethral bougies; four dozen surgical needles; one dozen clinical thermometers; five pocket surgical cases; one lamp and attachments for eye and throat examinations; one-third dozen cupping cups; nine pairs dental forceps; one set aspirating trochars; one ureameter doremus; two Squibb's sq. gr. sets for urine; one Jarvis snare; one applicator; one powder blower; one Post nasal syringe; one nasal speculum; one set ear specula; one aural mirror; one aural syringe; one pair aural forceps; one pair throat forceps; two pairs dressing forceps; one exploring needle; two silver probes. Total cost, \$211.54.

HUDSON RIVER STATE HOSPITAL.

Stomach tubes, one and three-quarter dozen.....	\$19 13
Hypodermic syringes, one-half dozen.....	5 40
Throat atomizers, one-quarter dozen.....	2 19
Cordman and oil atomizers, one-third dozen.....	2 00
Delano's No. 553 atomizers, one-quarter dozen.....	2 25
Bulb syringe, Alpha spray, one-quarter dozen.....	2 19
Urethral syringe, one.....	2 50
Davidson syringes, five.....	6 68
Alpha "D" syringes, two dozen.....	2 50
Glass, ear syringes, two dozen.....	1 02
Syringe, two quarts, two.....	2 04
Fever thermometers, one-half dozen.....	9 00
Trusses, single, six.....	12 00
Trusses, double, one.....	3 00
English bougies, a boue, three.....	3 00
Maisonneuve urethrotome, one.....	10 50
Whalebone guides, eleven.....	4 31
Steel sounds, two.....	1 50

Review of State Hospitals — Special Reports of Superintendents.

French olive catheters, six.....	\$3 38
Mercer's silk catheters, three.....	2 81
Gouley's tunneled catheters, one.....	1 88
Gouley's dilator, one.....	9 38
Alpha bulb, four.....	3 20
Mystic hot water bottles, one dozen.....	7 50
Hot water bottles, one-half dozen.....	3 75
Invalid cushions, ten.....	12 78
Oil silk, one-fifth yard.....	3 00
Hick's thermometers, one dozen.....	21 38
C. H. brushes, one-half gross.....	1 25
Rubber nipples, six.....	30
Total.....	<u>\$161 82</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Glass syringes, four dozen.....	\$2 20
Droppers, eight.....	2 00
Graduates, five.....	1 78
Atomizers, thirty-four.....	26 20
Urinometers, one.....	90
Albummometers, two.....	1 20
Uremeters, two.....	2 25
Cover glasses.....	75
Funnels, four.....	48
Thermometers, ten dozen.....	35 00
Rubber catheters, three.....	9 55
Needles, five.....	1 18
Tubes, feeding (Paine's nasal), seven dozen.....	57 50
Speculum, two.....	2 67
Curette, two.....	2 15
Ecraseur, one.....	2 75
Inhaler, one.....	1 40
Drainage tubes, five.....	27
Catheters, two.....	2 00

Review of State Hospitals—Special Reports of Superintendents.

Sounds, one set.....	\$3 75
Bougies, two dozen.....	5 00
Dilators, one.....	2 50
Syringes, eighty-five.....	49 99
Hall's syringes, twelve.....	25 08
Bath thermometers, twenty-four.....	4 00
Laboratory stand, one.....	75
Total	<u>\$243 30</u>

BUFFALO STATE HOSPITAL.

Rubber bandage; wash basins; thermometer, clinical; dispensary tanks; hypodermic needles; tonsilitone; champagne tap; dental plaster; B. & B. surgical plaster; absorbent gauze; cor. sub. gauge; thermometers, one dozen; feeding cups; hypodermic syringe; fountain syringe; Day's emulsifier; bath thermometer; bed pans; urinals; pocket case; sharp spoon; vaginal specula trivalve; vaginal depressors; uterine syringe; uterine douche; alcohol lamp; agate trap; brain knife (microscopical work); D. slides; No. 1 covers, three-quarters square; No. 2 covers, three-quarters square; Pillsbury cabinet; rubber catheters; spectacles; Bunsen burners; steam atomizer; Pow. insufflators; surgical bandage; Bunsen clamp; aluminum wire weights; globes; assorted pipettes; female syringes; razor strops; 300 sick feeding cups. Total cost, \$160.92.

BINGHAMTON STATE HOSPITAL.

Microscope stand (Bausch & Lomb); huyghenian eye-piece (fitted for micrometers); huyghenian eye-piece; three objectives; Abbe condenser; triple nose-piece; one eye-piece micrometer, ruled in squares; one cover glass gauge; one stage micrometer; one turn table; one laboratory microtome; freezing attachment; one Arnold's steam sterilizer; one drying oven; one test set for urinary analysis; one ureometer; one set with albumenometer, saccharometer, urinometer and thermometer; one evaporating dish; platform scales for table; analytical balance. The total cost of the above was \$284.31.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

The surgical instruments and medical appliances purchased by the hospital during the fiscal year were as follows: One-half dozen section lifters, one Faradic battery, one free-hand freezing microtome, ten dozen clinical thermometers, one haemometer, one haemacytometer, two hypodermic cases, one dozen catheters, one milliamperemeter, one current controller, one adapter, one induction coil, two probes, two hypodermic syringes, one static machine, one milliamperemeter baseboard. The total cost of surgical instruments was \$649.65.

ROCHESTER STATE HOSPITAL.

One dozen Alpha "E" syringes.....	\$12 00
One dozen Alpha syringes.....	8 75
One and one-half dozen fever thermometers, at \$13.50....	20 25
One and two-fifths dozen hypodermic needles.....	5 00
One atomizer.....	4 00
One-quarter dozen stomach tubes, at \$0.75.....	2 25
One hypodermic syringe.....	2 50
One uterine dilator.....	6 00
Two dozen cover glasses.....	60
Two dozen slides.....	40
One dozen soft catheters.....	2 00
Two dozen hare-lip pins.....	20
One urinometer.....	60
Two siphon irrigators, at \$2.....	4 00
One applicator.....	75
One-half dozen silk-web catheters, at \$7.20.....	3 60
One dozen Tieman's needles.....	3 00
One curved needle.....	40
One universal microscope.....	80 00
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\$156 30	
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Review of State Hospitals — Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

The following is a list of instruments purchased by the hospital during the year, at a total cost of eighty-seven dollars and forty-two cents:

Two Devol magic atomizers; one suspensory bandage; three ice-bags; six clinical thermometers; one tonsil scissors; one tonsil hook; six clamp artery forceps; one vulsellum forceps; one uterine curette (Thomas); one uterine curette (Sims); one uterine graduated sound; three water bottles; one Sims' speculum; one Mathews' speculum; one uterine dilator; six nasal tubes; one Acme steam atomizer; one bed pan; three powder insulators; one obstetrical cushion; one stomach tube; two dozen needles; one hypodermic syringe; one ether inhaler; one Arnold's sterilizer; two dozen hypodermic needles; two syringes; three straight scissors; one nasal forceps.

33. Give an itemized list of electro-therapeutical appliances possessed by the hospital; also your opinion, based on experience or otherwise, as to the value of electricity in the treatment of insanity.

UTICA STATE HOSPITAL.

One McIntosh galvano-Faradic battery (twelve cell); one McIntosh-Faradic battery; one pocket battery (dry cell); one vaginal electrode; one dental electrode; one wire brush electrode; one abdominal electrode.

In my experience there are but few cases of insanity that are essentially benefited by the use of electricity.

WILLARD STATE HOSPITAL.

The hospital possesses one galvanic battery (twenty-four cells) and three Faradic batteries (small), which comprise the electro-therapeutical appliances.

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

We have two or three old batteries, but they are out of order the greater part of the time, and are, therefore, but little used. I do not think that sufficient attention has been given to this subject in the hospitals and expressed this opinion several months ago. At that time it was decided to let the superintendent of the St. Lawrence State Hospital purchase a complete equipment and, after careful trial, report upon the value of electricity in the treatment of insanity. The further purchase of electro-therapeutical appliances in other hospitals was to depend upon this report. As that report has not yet been made, and as the equipment of this hospital is incomplete, I do not feel justified in expressing an opinion "based on experience or otherwise as to the value of electricity in the treatment of insanity."

MIDDLETOWN STATE HOSPITAL.

(a) One galvano-Faradic battery; one Fleming's battery; one Waite & Bartlett's battery; one electro-massage instrument.

(b) We have experimented, to a limited extent, with electrical treatment for insanity in the years gone by, but with rather unsatisfactory results. As a homeopathic remedy, it is as yet, to a great extent, unproved; and its effects, as heretofore applied, have been uncertain and not especially conducive to recovery from insanity.

BUFFALO STATE HOSPITAL.

One dry-cell Faradic battery (two cells); one dry-cell galvanic battery (fifty cells); one Bartlett galvanic battery (twenty-four cells); one Fleming battery; one galvanometer (Waite & Bartlett).

We do not experience any particular special benefit from the use of electricity in insanity aside from the general benefits which result from its use in ordinary diseases, on which the mental disease may depend, or by which it may be aggravated or prolonged.

BINGHAMTON STATE HOSPITAL.

The only electro-therapeutical appliances possessed by the hospital are three batteries. I regard electricity as a valuable aid in the treatment of insanity.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

The hospital possesses a Wimhurst-Holtz Static electrical machine of the latest construction; a stationary battery of fifty Leclanche cells, with carbon rheostots and galvanometers; four portable batteries of various types with the necessary electrodes. Electricity in its various forms is extremely useful in the treatment of insanity and supplies a well known place. The great regret is that there is not a sufficient number of medical officers in institutions to apply electricity in a scientific way, although with the instruction that is now included here in the curriculum of studies for the training school for nurses, our nurses are becoming educated in this application sufficiently to relieve medical officers, and I think with entire safety.

ROCHESTER STATE HOSPITAL.

There are no electro-therapeutical appliances possessed by the hospital.

In my opinion there are certain morbid conditions or diseases occurring among all classes of patients where the electrolytic and cataphoric properties of electricity are of wide application. Among the insane, electricity, as used in cataphoric medication and electro-diagnosis, would seem to be of special value.

MATTEAWAN STATE HOSPITAL.

The following electro-therapeutical appliances are possessed by the hospital:

One Faradic battery.

One Jerome Kidder electro-magnetic machine.

One thirty-six cell galvanic battery.

One case electrodes, twenty-two pieces.

The use of electricity in the treatment of the insane would seem to us to be indicated only in such cases where it would be of value for physical troubles which might exist independent of the mental alienation; and it has been our experience in observation that

Review of State Hospitals—Special Reports of Superintendents.

delusions of persecution have been found upon the use of electrical apparatus; so that great care has to be taken in its administration.

34. Are the present allowances of food supplies, in your opinion, sufficient in quantity, quality and variety to fully meet the requirements of the inmates, and, if not, what changes respecting the food supplies would you suggest?

UTICA STATE HOSPITAL.

The present allowances of food supplies are, in my opinion, sufficient in quality, quantity and variety to fully meet the requirements of the patients.

WILLARD STATE HOSPITAL.

The present allowance of food supplies is, in my opinion, sufficient in quantity, quality and variety to meet fully the requirements of the patients. The only modification I would suggest would be a smaller allowance of eggs and cheese and an increase of two ounces a day per patient in flour.

HUDSON RIVER STATE HOSPITAL.

I think the present allowances of food supplies are sufficient in quantity, quality and variety, with the exception of fresh and canned fruits. Supper is the lightest meal the patients have, excepting the men patients who work, and they are supplied with cold meat of various kinds each night. I would suggest that the hospital be allowed to purchase each month sufficient quantities of each of the following canned fruits: Peaches, pears, plums and pine-apple of a good quality that the patients may be supplied with them, say five times each week. This would be greatly appreciated, particularly by the women patients.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

The quantity of food is usually sufficient. The quality has been fair as a rule, although occasionally when butter is purchased in large quantities, as is necessary, and transported on the cars during very hot weather, it is apt to change quickly, and become unsatisfactory. I would suggest that arrangements should be made for the furnishing of fresh butter every week to each State hospital; and this butter should either come from a near-by creamery or farm, or, if transported from any long distance, it should come in refrigerator cars. When butter is received at the depot it should be immediately transferred to refrigerator wagons, and driven in them to cold storage-rooms, which ought to be provided at every State institution. When butter is shipped in a common car upon a hot day (as it must be under the present arrangement) it is apt to melt, and then it quickly loses its finest virtues, although it may not be utterly unfit for use.

The cheese supply is not always as fine as it should be, owing to the fact that we endeavor to purchase from the lowest bidder after very active competition. We can not expect to buy as good cheese for nine cents per pound as we can for twelve cents per pound.

Under the present arrangements, the beef carcasses weigh about 600 pounds each. Such carcasses are too light for the best and most profitable use. The waste in a small carcass is, I am told, about as much as in a large carcass, while the proportion of good meat is very much less. Beef carcasses should weigh from 700 to 850 pounds each, in order that the most satisfactory cuts may be had from them; and that, too, with the greatest economy in the long run.

The mutton carcasses are too heavy and fat, and consequently there is considerable waste from that source. It would be better for the sick if they could have lamb carcasses weighing from thirty-five to forty pounds each. This meat is young, tender, palatable, acceptable, and will be eagerly eaten, if furnished; and therefore such meat should be provided for the sick.

Review of State Hospitals—Special Reports of Superintendents.

Our patients are now supplied with Rio coffee. This is a good strong coffee for those who are engaged in digging canals or building railroads; but for the capricious appetites of those who are sick in mind and debilitated in body, we should have a finer grade of coffee, or at least a combination of strong Rio with mild and pleasantly flavored Government Java. An occasional dash of Maracaibo would perhaps still further improve the composition.

The best qualities of groceries should be used. Especially we should try to secure A No. 1 dried fruits; but eggs should not be dried before using, or even stale. They should be so absolutely fresh and juicy that they are clearly transparent when subjected to candle-light. The age of the successful and satisfactory egg should be like the assertion of the little girl that she was "almost new."

The quantity of milk should be unlimited, except by the consuming capacities of the patients; and the same might properly be said of fresh fruit supplies. When they are abundant and cheap, they should be freely ordered for the use of the sick.

I think the quantity of poultry might properly be increased somewhat. If chicken or turkey could be allowed for every Sunday throughout the year, it would improve the present dietary, and add a very acceptable variety to the routine meals of the week.

The quality of fish should be improved. The best cod or blue fish should be the lowest standard for the sick. Shad can be procured at some seasons of the year at reasonable rates, and is always satisfactory.

BUFFALO STATE HOSPITAL.

The quantity of food we regard as sufficient and the quality is good, except in the matter of coffee, which we think should be of better grade than the present price allowed will permit us to buy. We think also the variety might be increased with advantage and satisfaction to the patients, especially as regards meats and fruits. During the last fiscal year we were allowed to purchase beef, veal, lamb, mutton, pork (salt), sausage, wieners,

Review of State Hospitals—Special Reports of Superintendents.

livers, smoked shoulder, bacon and ham and canned beef, but at present (January, 1896,) we are allowed only beef, mutton, veal, fresh pork and corned beef.

BINGHAMTON STATE HOSPITAL.

The present food supplies are in the main satisfactory. I would, however, recommend that better grades of coffee, tea and fish be provided. Frequent objection has been made during the year to the fish especially.

ST. LAWRENCE STATE HOSPITAL.

On the whole the proportion of food supplies is satisfactory, with perhaps one exception, that of sugar, which might be increased with advantage in this hospital.

The quality of the food supplies furnished this hospital is of the best.

ROCHESTER STATE HOSPITAL.

The present allowances of food supplied are, in my opinion, sufficient in quantity and quality, while the variety is insufficient. I would suggest that in preparing the monthly estimates, the items in the dietary be carried out less literally, as Dr. Flint recommends, while at the same time its spirit and general features be adhered to. Additional articles should be considered interchangeable in quantities to equalize the cost.

MATTEAWAN STATE HOSPITAL.

The present allowances of food supplies at this hospital are based upon the Flint dietary, and are sufficient in quantity and quality, and are varied so far as possible to meet all the physiological requirements of the inmates.

Review of State Hospitals—Special Reports of Superintendents.

35. Give a schedule of the daily dietary of the hospital covering a period of one week.

UTICA STATE HOSPITAL.

Monday.

Breakfast—Cold corned beef, potatoes, oatmeal, bread and butter, tea and coffee.

Dinner—Roast beef, boiled onions, gravy, potatoes, tea, bread and butter.

Supper—Bread and butter, tea, cheese.

Tuesday.

Breakfast—Cold roast beef, oatmeal, potatoes, bread and butter, tea and coffee.

Dinner—Vegetable soup, boiled mutton, potatoes, mashed turnips, tea, bread and butter.

Supper—Roll bread, syrup, sauce, bread and butter, tea.

Wednesday.

Breakfast—Cold roast mutton, oatmeal, potatoes, bread and butter, tea and coffee.

Dinner—Boiled corned beef, stewed carrots, potatoes, bread and butter, tea.

Supper—Bread and butter, tea, cheese.

Thursday.

Breakfast—Sausage, oatmeal, potatoes, bread and butter, tea.

Dinner—Boiled pork and cabbage, potatoes, bread and butter, tea and coffee.

Supper—Roll bread, syrup, tea, sauce.

Friday.

Breakfast.—Codfish, oatmeal, potatoes, bread and butter, tea and coffee.

Dinner—Fresh fish, hot slaw, potatoes, apple or berry pie, cheese, bread and butter, tea.

Supper—Bread and butter, baked potatoes, tea.

Review of State Hospitals—Special Reports of Superintendents.

Saturday.

Breakfast — Corned beef hash, oatmeal, bread and butter, tea and coffee.

Dinner — Corned beef and cabbage, potatoes, bread and butter, tea.

Supper — Griddle cakes, bread and butter, tea.

Sunday.

Breakfast — Salted salmon or mackerel, oatmeal, potatoes, bread and butter, tea and coffee.

Dinner — Cold roast pork, gravy, pickled beets, potatoes, bread and butter, tea.

Supper — Bread and butter, tea, cheese.

NOTE. Included in the above should be fresh fruits in their season; also canned tomatoes and corn, although we have no regular day for these articles.

WILLARD STATE HOSPITAL.

Sunday.

Breakfast — Hash, bread and butter, coffee.

Dinner — Canned beef, potatoes, bread and butter, catsup.

Supper — Bread, butter, tomatoes, cheese, tea.

Monday.

Breakfast — Meat stew, potatoes, bread and butter, coffee.

Dinner — Pot pie, potatoes, bread and butter, biscuit.

Supper — Bread and butter, corn meal mush, syrup, tea.

Tuesday.

Breakfast — Hash, bread and butter, coffee.

Dinner — Soup, potatoes, rice, bread and butter, tomatoes, gravy.

Supper — Bread and butter, apple sauce, cheese, tea.

Wednesday.

Breakfast — Johnny cake, bread and butter, coffee, milk, sugar.

Dinner — Boiled ham, potatoes, cabbage, bread and butter, gravy.

Supper — Bread and butter, mush, syrup, tea.

Review of State Hospitals—Special Reports of Superintendents.

Thursday.

Breakfast — Meat stew, fried potatoes, bread and butter, coffee.

Dinner — Vegetable soup, potatoes, rice, bread and butter, gravy.

Supper — Bread and butter, tomatoes, cheese, tea.

Friday.

Breakfast — Hash, bread and butter, coffee.

Dinner — Fresh fish, potatoes, bread and butter, pudding.

Supper — Bread and butter, mush, syrup, tea.

Saturday.

Breakfast — Meat stew, potatoes, bread and butter, coffee.

Dinner — Boiled beef, potatoes, tomatoes, bread and butter, gravy.

Supper — Bread and butter, mush, syrup, tea.

HUDSON RIVER STATE HOSPITAL.

Below is given the dietary for four days a week during summer and three days during winter, as a week made up in that way will give a better idea of the dietary throughout the year than would be had if the whole week were taken at one time.

DIETARY.

July 8, 1895.

Breakfast — Mackerel, bread and butter, milk, coffee, hominy, syrup.

Dinner — Mutton stew, bread and butter, onions, potatoes, coffee.

Supper — Bread and butter, tea, apple sauce.

July 9, 1895.

Breakfast — Baked potatoes, coffee, eggs for workers, bread and butter, corn meal, milk, syrup.

Dinner — Roast beef, string beans, bread and butter, potatoes, coffee.

Supper — Bread and butter, tea, huckleberries.

Review of State Hospitals—Special Reports of Superintendents.

July 10, 1895.

Breakfast — Codfish balls, coffee, bread and butter, oatmeal, milk, syrup.

Dinner — Beef a la Mode, peas, bread and butter, potatoes, coffee, bread pudding.

Supper — Bread, butter, tea, cake.

July 11, 1895.

Breakfast — Mackerel, coffee, bread and butter, hominy, milk, syrup.

Dinner — Steak, onions, potatoes, bread, butter, coffee, barley soup.

Supper.— Bread, butter, tea, jam.

January 9, 1896.

Breakfast.— Steak, bread, butter, milk, syrup, hominy, coffee.

Dinner.— Roast mutton, barley soup, peas, bread, butter, potatoes, coffee.

Supper.— Bread, butter, tea, stewed prunes.

January 10, 1896.

Breakfast.— Baked beans, eggs for workers, bread, butter, milk, syrup, corn meal, coffee.

Dinner.— Fish, beets, bread, potatoes, coffee, boiled rice.

Supper — Bread, butter, tea, cheese, rolls.

January 11, 1896.

Breakfast.— Codfish balls, bread, butter, milk, syrup, oatmeal, coffee.

Dinner.— Mutton stew, succotash, bread, butter, potatoes, coffee, bread pudding.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Sunday.

Breakfast.—Bread and butter, coffee, oatmeal and syrup, sausage and potatoes.

Dinner.—Roast beef, potatoes, celery or lettuce, onions, rice pudding or pie, bread and butter, fruit or berries.

Supper.—Bread and butter, tea, cake, sauce or berries.

Monday.

Breakfast.—Bread and butter, oatmeal or hominy and syrup or milk, beef stew or beefsteak, coffee or cocoa.

Dinner.—Soup (tomato, split pea or vegetable), potatoes, turnips or peas, boiled beef, lettuce, bread and butter, fruit.

Supper.—Bread and butter, rice and syrup or milk, sauce or berries, tea.

Tuesday.

Breakfast.—Oatmeal or hominy and milk, hash or ham, boiled potatoes, bread and butter, coffee.

Dinner.—Corned beef, boiled cabbage or sweet corn, or string beans, potatoes, radishes or raw onions, bread pudding, bread and butter, fruit.

Supper.—Bread and butter, apple sauce or stewed prunes, crackers, tea.

Wednesday.

Breakfast.—Bread and butter, oatmeal or hominy and syrup, sausage or eggs or fresh fish, potatoes, coffee.

Dinner.—Roast beef, potatoes, onions or beets, milk, bread and butter, lettuce, fruit.

Supper.—Bread and butter, sauce or berries, tea.

Thursday.

Breakfast.—Oatmeal and milk, beef stew or beef steak, potatoes, bread and butter, coffee.

Dinner.—Soup (barley, bean or mock turtle), boiled beef, potatoes, bread and butter, coffee.

Supper.—Bread and butter, sauce or berries, cheese, tea.

Review of State Hospitals—Special Reports of Superintendents.

Friday.

Breakfast.— Clam stew or chowder, or boiled eggs or fresh fish, or sweet potatoes, oatmeal or hominy and syrup, bread and butter.

Dinner.— Fresh fish, potatoes, onions or canned tomatoes, milk, bread and butter, lettuce, fruit.

Supper.— Stewed oysters, crackers, bread and butter, tea, boiled rice, sauce.

Saturday.

Breakfast.— Hash or ham, oatmeal or hominy and milk, potatoes, bread and butter, coffee.

Dinner.— Corned beef and cabbage, potatoes, parsnips or egg plant or baked beans, bread and butter, radishes or raw onions, fruit.

Supper.— Bread and butter, sauce or berries, corn, tea.

Bread of three varieties, namely, graham bread, white bread and rye bread, is furnished at each meal throughout the institution.

During the summer season the number of vegetables for dinner is increased whenever the products of the garden so admit.

Occasionally during the winter roast pig is allowed instead of roast or boiled beef.

BUFFALO STATE HOSPITAL.

Sunday.

Breakfast.— Oat flakes and syrup, bread, butter and coffee.

Dinner.— Roast pork, stewed corn, mashed potatoes, bread, butter and tea.

Supper.— Compressed corned beef, sponge cake, bananas, bread, butter and tea.

Hospital.— Milk toast.

Monday.

Breakfast.— Oat flakes and syrup, bread, butter and coffee.

Dinner.— Roast beef, stewed onions, steamed potatoes, bread, butter and tea.

Supper.— Fresh beef stew, tea biscuit, green apples, bread, butter and tea.

Hospital, 4.30 P. M.— Milk toast.

Review of State Hospitals—Special Reports of Superintendents.

Tuesday.

Breakfast.— Oat flakes and syrup, bread, butter and coffee.

Dinner.— Corned beef and cabbage, steamed potatoes, bread, butter and tea.

Supper.— Soft boiled eggs, coffee, cake, stewed peaches, bread, butter and tea.

Hospital.— Hominy, milk and crackers.

Wednesday.

Breakfast.— Oat flakes and syrup, bread, butter and coffee.

Dinner.— Pot roast beef, mashed turnips, steamed potatoes, bread, butter, tea.

Supper.— Fresh beef hash, ginger cake, bread, butter, tea.

Hospital.— Milk toast.

Thursday.

Breakfast.— Oat flakes and syrup, bread, butter, coffee.

Dinner.— Boiled beef, vegetable soup, steamed potatoes, green peas, bread, butter, tea.

Supper.— Fresh beef stew, drop cake, stewed apricots, bread, butter, tea.

Hospital.— Mush, milk and crackers.

Friday.

Breakfast.— Oat flakes and syrup, bread, butter, coffee.

Dinner.— Baked fish, stewed tomatoes, mashed potatoes, bread, butter, tea.

Supper.— Oyster stew, gingersnaps, green apples, bread, butter, tea.

Hospital.— Milk toast.

Saturday.

Breakfast.— Oat flakes and syrup, bread, butter, coffee.

Dinner.— Pork and beans, beets, steamed potatoes, bread, butter, tea.

Supper.— Fresh beef stew, cup cake, stewed pears, bread, butter, tea.

Hospital.— Hominy, milk and crackers.

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

Monday.

Breakfast.—Corned beef hash, potatoes, bread and butter, coffee and tea, milk, sugar, extras for sick.

Dinner.—Pork and beans, potatoes, bread and butter, rice and syrup, tea, milk, sugar, crackers, extras for sick.

Supper.—Rusks, bread and butter, tea, milk, sugar, grapes, extras for sick.

Tuesday.

Breakfast.—Beef stew, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Dinner.—Roast beef, beets, potatoes, bread and butter, tea, milk, sugar, extras for sick.

Supper.—Mush and syrup, bread and butter, tea, milk, sugar, extras for sick, eggs for workingmen.

Wednesday.

Breakfast.—Beef stew, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Dinner.—Vegetable soup, pork and cabbage, potatoes, rice and syrup, bread and butter, crackers, tea, milk, sugar, extras for sick.

Supper.—Ginger bread, bread and butter, tea, milk, sugar, extras for sick.

Thursday.

Breakfast.—Beef stew, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Dinner.—Roast pork, boiled onions, potatoes, bread and butter, tea, milk, sugar, extras for sick.

Supper.—Apple sauce, bread and butter, tea, milk, sugar, beef for workingmen, extras for sick.

Friday.

Breakfast.—Corned beef hash, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Review of State Hospitals—Special Reports of Superintendents.

Dinner.—Salted salmon, mashed turnips, potatoes, bread and butter, tea, milk, sugar, extras for sick.

Supper.—Oatmeal and syrup, bread and butter, tea, milk, sugar, extras for sick, eggs for workingmen.

Saturday.

Breakfast.—Corned beef hash, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Dinner.—Stewed oysters, carrots, potatoes, bread and butter, tea, milk, sugar, bread pudding, extras for sick.

Supper.—Ginger bread, bread and butter, tea, milk, sugar, extras for sick.

Sunday.

Breakfast.—Beef stew, potatoes, bread and butter, coffee, milk, sugar, extras for sick.

Dinner.—Irish stew, cabbage, potatoes, bread and butter, tea, milk, sugar, extras for sick.

Supper.—Oatmeal and syrup, bread and butter, tea, milk, sugar, extras for sick.

ST. LAWRENCE STATE HOSPITAL.

The following is a dietary for one week:

Monday.

Breakfast.—Fried bacon, potatoes, coffee.

Dinner.—Boiled shoulder, potatoes, mashed turnips, bread pudding.

Supper.—Hominy, stew, peaches, tea.

Tuesday.

Breakfast.—Beef stew, potatoes, coffee.

Dinner.—English beef soup, stewed potatoes, stewed onions, boiled rice.

Supper.—Cold meat, apple sauce, tea.

Review of State Hospitals—Special Reports of Superintendents.

Wednesday.

Breakfast.— Baked mush, potatoes, coffee; eggs, employes.

Dinner.— Beef potpie, potatoes, sliced onions, biscuits.

Supper.— Cold meat, stewed prunes, tea.

Thursday.

Breakfast.— Fried sausage, buckwheat cakes, coffee.

Dinner.— Roast beef, gravy, mashed potatoes, tapioca pudding.

Supper.— Oatmeal, cheese, jelly, tea.

Friday.

Breakfast.— Salt mackerel, potatoes, coffee.

Dinner.— Fresh fish, potatoes, pickled beets, rice pudding.

Supper.— Oyster stew, cheese, stewed currants, tea.

Saturday.

Breakfast.— Corned beef hash, coffee.

Dinner.— Vegetable soup, potatoes, bread pudding.

Supper.— Cold meat, apple sauce, tea.

Sunday.

Breakfast.— Baked mush, potatoes, coffee; sausage, employes.

Dinner.— Pork and beans, potatoes, pickles, blanc mange.

Supper.— Cold beans, cheese, jelly, tea.

Bread and syrup are served for all meals, butter for breakfast and supper only.

ROCHESTER STATE HOSPITAL.

Sunday.

Breakfast.— Irish stew, bread, butter, coffee, sugar, milk.

Dinner.— Pork, baked beans, vegetables, bread, butter, coffee, sugar, milk.

Supper.— Bread, butter, prunes, gingersnaps, tea, milk, sugar, cold meat.

Review of State Hospitals—Special Reports of Superintendents.

Monday.

Breakfast.—Rolled oats, syrup, steamed bread (warm), butter, bread, coffee, sugar, milk.

Dinner.—Soup, corned beef, potatoes, cabbage, mustard, bread, butter, creamed rice.

Supper.—Dressing, beans (cold), cheese, bread, butter, tea, milk, sugar.

Tuesday.

Breakfast.—Corn meal mush, syrup, bread, butter, coffee, milk, sugar.

Dinner.—Potatoes, beef, gravy, vegetables, biscuits, bread, butter, tea, milk, sugar.

Supper.—Cold meat, mustard, johnny cake, syrup, bread, butter, tea, milk, sugar.

Wednesday.

Breakfast.—Irish stew, bread, butter, coffee, milk, sugar.

Dinner.—Soup, beef, potatoes, gravy, vegetables, bread, butter.

Supper.—Bread, butter, bread pudding (or dressing and pickles), cheese, tea, milk, sugar.

Thursday.

Breakfast.—Rolled oats, syrup, bread, butter, coffee, milk, sugar.

Dinner.—Potatoes, mutton, stewed; dumplings, vegetables, bread, butter, tea, milk, sugar.

Supper.—Cold meat, bread, butter, pie, cheese, tea, milk, sugar.

Friday.

Breakfast.—Potatoes, picked cod, bread, butter, coffee, milk, sugar.

Dinner.—Fish, baked, with dressing; potatoes, vegetables, pickles, bread, butter, tea, milk.

Supper.—Escalloped fish, bread, butter, cheese, sauce, tea, milk, sugar.

Review of State Hospitals—Special Reports of Superintendents.

Saturday.

Breakfast.— Corn meal mush, syrup, bread, butter, coffee, milk, sugar.

Dinner.— Potatoes, beef, soup, gravy, vegetables, bread, butter.

Supper.— Hash, pickles, bread, butter, tea, milk, sugar.

MATTEAWAN STATE HOSPITAL.

DIETARY, ATTENDANTS AND EMPLOYES.

Monday.

Breakfast.— Boiled California ham, stewed potatoes, coffee, bread and butter.

Dinner.— Vegetable soup, roast beef, stewed potatoes, rice pudding.

Supper.— Fried potatoes, cup cake, stewed plums.

Tuesday.

Breakfast.— Hominy and milk, broiled beefsteak, stewed potatoes, coffee.

Dinner.— Bean soup, baked pork and beans, stewed potatoes, apple pie.

Supper.— Ginger bread, apple sauce, bread and butter, tea.

Wednesday.

Breakfast.— Broiled beefsteak, stewed potatoes, bread and butter, coffee.

Dinner.— Corned beef, stewed potatoes, stewed parsnips, bread and butter, apple pie.

Supper.— Mush and milk, fried potatoes, jelly cake, apple sauce, tea.

Thursday.

Breakfast.— Corned-beef hash, stewed potatoes, bread and butter, coffee.

Dinner.— Mutton stew, roast beef, stewed potatoes, suet pudding.

Supper.— Biscuits, bread and butter, stewed plums, tea.

Review of State Hospitals—Special Reports of Superintendents.

Friday.

Breakfast.— Oatmeal and milk, fried mackerel, stewed potatoes, bread and butter, coffee.

Dinner.— *Clam chowder, stewed potatoes, cold slaw, bread and butter, tapioca pudding.

Supper.— Baked potatoes, drop cakes, apple sauce, bread and butter.

Saturday.

Breakfast.— Beefsteak, stewed potatoes, bread and butter, coffee.

Dinner.— Bologna sausage, stewed parsnips, stewed potatoes, bread and butter, coffee.

Supper.— Buns, stewed plums, bread and butter, tea.

Sunday.

Breakfast.— Broiled steak, stewed potatoes, bread and butter and coffee.,

Dinner.— Roast pork, mashed potatoes, mashed turnips, mince pie, bread and butter and tea.

DIETARY, PATIENTS.

Monday.

Breakfast.— Beef stew, bread and butter, coffee.

Dinner.— Vegetable soup, stewed potatoes, rice pudding.

Supper.— Apple sauce, bread and butter, tea.

In summer we substitute lettuce, tomatoes, onions and berries in place of sauce.

Tuesday.

Breakfast.— Hominy and syrup, coffee, bread and butter.

Dinner.— Bean soup, stewed potatoes, bread.

Supper.— Ginger bread, bread and butter, tea.

Wednesday.

Breakfast.— Pork and beans, bread and butter, coffee.

Dinner.— Corned beef, stewed parsnips, stewed potatoes, bread.

Supper.— Mush and syrup, bread and butter, tea.

* Fresh or salt fish is used every other week in place of chowder.

Review of State Hospitals—Special Reports of Superintendents.

Thursday.

Breakfast.— Beefsteak, bread and butter, coffee.

Dinner.— Mutton stew, stewed potatoes, bread.

Supper.— Biscuits and butter, tea.

Friday.

Breakfast.— Oatmeal and syrup, bread and butter, coffee.

Dinner.— *Clam chowder, stewed potatoes, bread.

Supper.— Apple sauce, bread and butter, tea.

Saturday.

Breakfast.— Potatoes, bread and butter, coffee.

Dinner.— Bologna sausage, potatoes, stewed parsnips, bread and butter, apple pie.

Supper.— Buns, bread and butter, tea.

Sunday.

Breakfast.— Corned-beef hash, bread and butter, coffee.

Dinner.— Roast pork, mashed potatoes, mashed turnips, bread and butter and tea.

36. Give a list of articles of "special" or "extra" diet that may be discretionally prescribed by medical officers.

UTICA STATE HOSPITAL.

Beef tea, broths, eggs in various styles, milk, rice, meats, cocoa, tea and coffee, boiled milk.

WILLARD STATE HOSPITAL.

Milk, milk toast, toast dry or buttered, eggs cooked as desired, chicken cooked as desired, oysters cooked as desired, cornstarch, crackers, gruel, beef tea, beefsteak and cold meat extra for workers.

* Fresh or salt fish every other week in place of chowder.

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

The following articles may be prescribed by medical officers as "special" or "extra" diet:

Poached eggs on toast, farina, milk toast, cornstarch, oysters (raw), oyster stew, sago, tapioca, chocolate, breakfast cocoa, mutton chops, beefsteak, baked potatoes, broiled chicken, chicken soup, beef tea, mutton broth, clam broth, broiled ham, baked apples.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Eggs, chicken soup, clam bouillon, beef extracts, beef juices, extra milk and other concentrated foods, together with preserved fruits and jellies are given, as extra daily diet, when ordered by the physician. Also stimulants are given when prescribed by the medical officers.

BUFFALO STATE HOSPITAL.

Cocoa, chocolate, eggs, milk toast, dry toast, stewed or broiled chicken, potatoes (in any form), chicken soup, clam soup, mock turtle soup, beef tea, sago pudding, custard pudding, broiled steak, jelly, preserves, malted milk, boiled milk, koumyss, peptonized milk, egg nog.

BINGHAMTON STATE HOSPITAL.

Broths: Mutton, beef, chicken, clam, barley, rice. Eggs: Fried, poached, boiled. Toast: Dry, milk, buttered. Puddings: Custard, rice, tapioca, sago, cornstarch. Miscellaneous: Oatmeal and milk, beef tea, beef juice, extract of beef, tenderloin steak, stewed chicken, baked potatoes, baked apples.

ST. LAWRENCE STATE HOSPITAL.

Poultry, fresh fruit, oysters, canned fish, canned fruit, cocoa, canned vegetables, milk.

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

Fresh fruit, jellies, stewed fruits, poultry, oysters, salmon, broths, soups, milk, eggs, cake, pie, pudding, ice cream and ices may be discretionally prescribed by medical officers.

MATTEAWAN STATE HOSPITAL.

Beef: Roasted, broiled, stewed, minced, scraped, tea. Broths: Beef, mutton, chicken, oyster, clam. Custards: Baked, boiled. Eggs: Boiled, poached, fried, omelette. Gruel: Oatmeal, wheat, farina, cornmeal. Fruits of all kinds in season. Jellies: Wine, fruit flavorings. Koumyss. Toast: Dry, buttered, milk. Wine whey, milk punch, egg nog, lemonade, coffee, tea, chocolate, milk.

37. In your opinion, should there be any distinction made, as regards quality and variety, in the food supplies provided for patients and those furnished by the State to officers and employes?

UTICA STATE HOSPITAL.

Where officers are required by statute to reside in the building it is but just and proper that their treatment should be such as befits the rank they occupy. Such treatment should not be measured by that accorded a dependent class subsisting on the bounty of the State and not earning what they receive. It were as reasonable to require that officers' quarters be furnished in precise uniformity with those of patients. It must be borne in mind that the officer's board and lodging are part and parcel of his earnings. The Commission in Lunacy has the power under the law to check any extravagance in the matter of officers' supplies.

WILLARD STATE HOSPITAL.

Yes.

Review of State Hospitals — Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

The law under which we are now working, chapter 693, Laws of 1895, provides that "the food supplies allowed to officers and employes shall be drawn from the ordinary supplies provided for the general use of the hospitals." The advantage of this provision is that it should protect the superintendents and other officers from charges of extravagant living at the expense of the State, but there are, in my opinion, obvious reasons why there should be a difference in the variety of food supplies provided for patients and those furnished for officers and employes.

MIDDLETOWN STATE HOSPITAL.

In a general way the proposition may be accepted that "what is good enough for the sick is good enough for the well." At the same time, we believe that those who are well, and who are toiling strenuously, may need a different dietary from those who are sick. Those who are brain workers need a more nourishing diet than those who are brain idlers. While the staple articles in a public hospital are sufficiently nutritious for both the sick and the well, I believe that the officers and employes of an institution like this should have more variety and more strengthening food than the sick generally need. At any rate, so long as the State compensates them for their services by a salary and a living, that living should be about as good as that which is enjoyed by the average taxpayer. We are the servants of the people, and make no pretensions of deserving more than those who are our sovereign masters.

BUFFALO STATE HOSPITAL.

As regards the quality of food supplies we think that the staple articles generally should be of such a high order as to be suitable for all connected with the institution.

As regards the officers, however, it would seem that a greater variety should be allowed. The abolition of all distinction seems desirable only as a means of abolishing criticism of extravagance.

Review of State Hospitals—Special Reports of Superintendents.

The purchases now being made under the estimate system and subject to supervision, it would seem that that objection was largely removed.

BINGHAMTON STATE HOSPITAL.

In my opinion there should be some distinction made as regards quantities and qualities of food supplies for patients, employes and officers. As regards patients and employes it will be readily appreciated that employes, who are required to render active service throughout the day, require larger quantities and more nourishing food than patients who do nothing in the way of labor from morning until night. With respect to officers, the service rendered is of a higher character than that of ordinary employes—a greater degree of intelligence is required of them—and it stands to reason that their living should be on a somewhat higher plane than the general level allowed for the “rank and file” of the institution.

ST. LAWRENCE STATE HOSPITAL.

I am decidedly in favor of making some distinction in the table supplies furnished by the State to officers and that provided for patients and employes. With exceedingly few exceptions the class of people selected as officers for State hospitals are drawn from a much higher grade of society than that from which patients in State hospitals are drawn, and particularly patients committed on public orders. Officers devote their lives to their work and should be made as comfortable, within reasonable bounds, as they can be. Patients and employes, as a rule, are in the hospital for shorter periods. The food supplies for both should be of excellent quality; but the State, pretending to give officers their living, should provide them with such supplies as they would probably use if they were in the same walk of life outside of the hospital. This is not unreasonable and accords with the rations allowed army officers of the same grade.

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

I am of the opinion that, with careful management and good cooking, the supplies indicated in Dr. Flint's dietary can be made to cover the needs of our entire population, including officers and employes.

MATTEAWAN STATE HOSPITAL.

I believe there should be some distinction made as regards quality and variety in the food supplies provided for patients and those furnished by the State to officers and employes. A household dietary should differ from a hospital dietary for the sick or from the general dietary of workingmen.

38. Give the total cost of farming operations, including rolling stock, implements and repairs to the same; also wages and materials, during the fiscal year.

UTICA STATE HOSPITAL.

Total cost of farming operations, including rolling stock, implements, wages, etc.....	\$12,906 18
Exclusive of wages.....	7,860 74

WILLARD STATE HOSPITAL.

Total cost of farming operations.....	\$6,428 57
Farm wages.....	4,134 96
Total	\$10,563 53

HUDSON RIVER STATE HOSPITAL.

The total cost of farming operations during the year was \$14,576.17. Cost of wages and materials during the year was \$7,015.13.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Nine thousand seven hundred and six dollars and thirty-eight cents.

BUFFALO STATE HOSPITAL.

Total cost.	\$4,495 80
Wages.	3,936 50

BINGHAMTON STATE HOSPITAL.

Eleven thousand two hundred and eighty-four dollars and forty-four cents.

ST. LAWRENCE STATE HOSPITAL.

Eleven thousand and forty-one dollars and thirty-three cents.

ROCHESTER STATE HOSPITAL.

Stock, implements and repairs.	\$1,288 30
Wages, materials and rentals.	6,281 59
Total.	\$7,509 89

MATTEAWAN STATE HOSPITAL.

The total cost of farming operations, including rolling stock, implements and repairs to the same; also including wages and materials for the year, was \$3,573.18. In addition, under special appropriation, there was expended, for agricultural drainage, \$1,248.26, and for building an extension to the piggeries, \$157.

Review of State Hospitals — Special Reports of Superintendents.

39. State, separately, the acreage of farming and grazing lands, the number of acres actually cultivated and the kinds and quantities of crops, including vegetables and fruits, produced during the fiscal year, together with the estimated value of each kind and the total value; also give the quantities and kinds of fruits, whether fresh, canned or dried, purchased, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Twenty-seven acres of ensilage, 540 tons; estimated value, \$2,700. Fifty acres timothy meadow, seventy-five tons; estimated value, \$1,200. Seventeen acres grazing land; sixteen acres of garden, producing the following:

KIND OF CROPS.	Quantity.	Estimated value.
Asparagus	513 bunches	\$51 30
Beans, string.....	41 bushels.....	41 00
Beans, lima	2 bushels.....	2 00
Beets	312 bushels.....	124 80
Cabbage, white	16,802 heads....	840 10
Cabbage, red.....	2,180 heads.....	119 00
Carrots	300 bushels.....	120 00
Cauliflower.....	2,176 heads.....	217 60
Cucumbers.....	7,340	73 40
Corn, sweet	2,740 dozen.....	219 20
Lettuce	6,255 heads.....	93 82
Muskmelons	1,391	139 10
Onions	856 bushels.....	556 40
Onions, bunches.....	650	9 75
Peas	74 bushels.....	66 60
Parsley	24 bunches	2 40
Parsnips	195 bushels.....	78 00
Rhubarb	932 bunches	27 96
Radish	339 bunches	10 17
Spinach	79 bushels.....	39 50
Squash, summer.....	4,263 pounds.....	42 63
Squash, winter	11,219 pounds....	224 38
Salsify	100 bushels.....	100 00
Tomatoes, ripe	69 bushels.....	27 60
Tomatoes, green.....	72 bushels.....	18 00
Turnips	576 bushels.....	230 40
Total of garden produce, estimated.....	.....	\$3,475 11
Total of farm and garden produce, estimated..	.....	7,375 11

Review of State Hospitals—Special Reports of Superintendents.

Fresh, canned and dried fruits purchased:

Apples, bushels.	299
Berries, quarts.	1,679
Lemons, boxes.	18
Oranges, boxes.	22
Pears, bushels.	28
Cherries, canned, dozen.	2
Peaches, canned, dozen.	2
Raspberries, canned, dozen.	2
Cherries, dried, pounds.	230
Raspberries, dried, pounds.	1,033
Bananas, bunches.	40
Grapes, baskets.	279
Melons.	500
Peaches, baskets.	142
Pears, canned, dozen.	2
Plums, canned, dozen.	2
Strawberries, canned, dozen.	6
Raisins, pounds.	600

Total cost of fresh, canned and dried fruits, \$1,059.08.

Per capita cost of same, \$1.054.

WILLARD STATE HOSPITAL.

The acreage of farming lands.	750
The acreage of grazing lands, including 60 acres in lawns and grounds.	357
Number of acres actually cultivated year 1895.	361

Review of State Hospitals—Special Reports of Superintendents.

KINDS OF CROPS.	Quantity.	Estimated value.	Total.
Buckwheat.....	360 bushels.	\$0 45	\$162 00
Apples.....	4,840 bushels.	40	1,936 00
Corn.....	2,880 bushels.	25	720 00
Corn stalks.....	105 tons.	3 00	315 00
Corn fodder.....	40 tons.	5 00	200 00
Hay.....	260 tons.	10 00	2,600 00
Mangle-wurzel.....	11,800 bushels.	25	2,950 00
Oats.....	3,556 bushels.	25	889 00
Peaches.....	26 bushels.	1 25	32 50
Pears.....	25 bushels.	40	10 00
Straw.....	100 tons.	4 00	400 00
Potatoes.....	10,364 bushels.	25	2,591 00
Turnips.....	300 bushels.	25	75 00
Wheat.....	1,592 bushels.	60	955 20
Asparagus.....	385 bunches.	02	7 70
Beets.....	2,484 bushels.	20	496 80
Beans, string.....	774 bushels.	25	193 50
Beans, lima.....	148 bushels.	50	74 00
Cabbage.....	57,400 heads.	02	1,148 00
Celery.....	1,200 heads.	02	24 00
Cucumbers.....	4,318 bushels.	25	1,079 50
Corn, sweet.....	1,154 bushels.	30	346 20
Corn, pop.....	25 bushels.	50	12 50
Egg plant.....	35 bushels.	40	14 00
Lettuce.....	2,344 bushels.	20	468 80
Onions.....	734 bushels.	50	367 00
Onions.....	18,511 bunches.	02	370 22
Peas.....	698 bushels.	60	418 80
Parsnips, estimated.....	400 bushels.	40	160 00
Peppers.....	85 bushels.	1 00	85 00
Radishes.....	11,762 bunches.	02	235 24
Rutabagas.....	1,200 bushels.	25	300 00
Rhubarb.....	30,724 bunches.	01	307 24
Salsify.....	30 bushels.	50	15 00
Swiss chard.....	1,500 bushels.	15	225 00
Squash, summer.....	1,978 bushels.	25	494 50
Squash, Hubbard.....	240 bushels.	40	96 00
Spinach.....	2,498 bushels.	30	749 40
Turnips.....	1,117 bushels.	25	279 25
Tomatoes.....	4,592 bushels.	25	1,148 00
Thyme.....	275 bunches.	03	8 25
Savory.....	325 bunches.	03	9 75
Marjoram.....	78 bunches.	03	2 34
Total value estimated.....	.....	.....	\$22,971 89

Review of State Hospitals—Special Reports of Superintendents.

Fruits, Fresh, Canned or Dried, Purchased.

KIND OF FRUITS.	Quantity.	Cost.
Apples	832½ bushels.	\$306 10
Apples, dried.....	3,547 pounds.	188 12
Apples, evaporated.....	5,783 pounds.	458 98
Apples, pine.....	200 pounds.	13 00
Bananas.....	10 bunches.	15 50
Cherries.....	1,796 quarts.	68 44
Cherries, dried.....	168 pounds.	19 32
Cranberries.....	64 pounds.	7 50
Currants, English.....	1,150 pounds.	42 00
Currants.....	500 pounds.	17 50
Melons and cantaloupes.....	.....	51 57
Oranges.....	5 boxes.	11 75
Plums.....	19½ bushels.	15 20
Plums, dried.....	2,144 pounds.	124 97
Grapes.....	17,395 pounds.	271 37
Lemons.....	56 boxes.	221 60
Prunes.....	992 pounds.	50 60
Pears.....	105 bushels.	51 35
Peaches.....	27 bushels.	30 38
Peaches, dried.....	100 pounds.	10 25
Peaches, evaporated.....	540 pounds.	54 10
Raspberries.....	1,885 quarts.	126 66
Raspberries, dried.....	613 pounds.	111 32
Whortle berries.....	10 baskets.	9 50
Total cost.....	.....	\$2,277 08
Per capita cost.....	.....	1 04

HUDSON RIVER STATE HOSPITAL.

	State lands.	Rented lands.	Total.
Number of acres of farming lands.....	389	350	739
Number of acres of grazing lands.....	80	165	245
Number of acres under cultivation.....	165	40	205

Review of State Hospitals—Special Reports of Superintendents.

The following fruits and vegetables were produced during the fiscal year:

	Amount produced.	estimated value.	Total value.
Apples.....	80 barrels.	\$1 50	\$120 00
Asparagus.....	245 bunches.	28	68 60
Beets.....	1,431 bushels.	50	715 50
Beans, lima.....	157 bushels.	75	117 75
Beans, string.....	384½ bushels.	50	192 25
Beetgreens.....	69 bunches.	02	1 38
Carrots.....	639 bushels.	50	319 50
Corn, late.....	250 bushels.	80	200 00
Corn, early, sweet.....	60,012 ears.	01	600 00
Cabbage, early.....	1,021 heads.	04	40 84
Cabbage, late.....	6,629 heads.	04	265 16
Cucumbers.....	2,878	01	28 78
Cauliflower.....	68 heads.	15	10 05
Celery.....	1,692 bunches.	10	169 20
Currants.....	190 quarts.	10	19 00
Corn fodder.....	3,750 bunches.	02	75 00
Egg plant.....	217 pounds.	03	6 50
Grapes.....	113 pounds.	03	3 39
Hay.....	216 tons.	16 00	3,456 00
Lettuce.....	16,985 heads.	03	509 55
Leeks.....	2,074 bunches.	05	103 70
Melons.....	364	05	18 20
Oats.....	600 bushels.	40	240 00
Onions.....	642 bunches.	04	25 68
Okra.....	15 quarts.	10	1 50
Oysters, vegetable.....	1 bushel.	1 00	1 00
Potatoes, late.....	1,400 bushels.	61	854 00
Pears.....	88½ bushels.	1 50	132 75
Peppers.....	690	01	6 90
Parsley.....	1,834 bunches.	03	55 02
Peas.....	201 bushels.	1 20	241 20
Parsnips.....	298½ bushels.	1 00	298 50
Radishes.....	995 bunches.	02	19 90
Raspberries.....	157 quarts.	12	18 84
Rhubarb.....	1,326 bunches.	12	159 12
Radish, horse.....	449 pounds.	10	44 90
Straw.....	43 tons.	11 00	473 00
Spinach.....	257 bushels.	75 00	192 75
Salsify.....	70 quarts.	10	7 00
Swiss chard.....	256 bunches.	40	102 40
Sage.....	152 bunches.	02	3 04
Strawberries.....	254 quarts.	10	25 40
Turnips.....	500 bushels.	20	100 00
Tomatoes.....	656 bushels.	50	328 00
Total.....	.....	.....	\$10,750 38

Review of State Hospitals—Special Reports of Superintendents.

Fresh and Dried Fruits Purchased.

KIND OF FRUITS.	Quantity.	Cost.
<i>Fresh fruit :</i>		
Lemons	42 boxes.	\$138 95
Grapes	3,906 pounds.	86 64
Huckleberries.....	5,125 pounds.	332 50
Cranberries.....	3 bushels.	13 50
Oranges	2 thousand.	25 00
Oranges	4 boxes.	7 80
Apples	61 barrels.	110 25
Peaches	223 baskets.	198 20
Total cost.....	-----	\$912 84
Per capita cost.....	-----	0.6155
<i>Dried fruit :</i>		
Apples, evaporated.....	6,600 pounds.	\$507 75
Apricots.....	25 pounds.	2 50
Blackberries	1,600 pounds.	116 00
Currants	110 pounds.	4 11
Citron.....	53 pounds.	5 17
Prunes	10,750 pounds.	489 70
Peaches	75 pounds.	9 13
Raspberries.....	50 pounds.	11 00
Raisins, London layer.....	14 boxes.	19 40
Total cost.....	-----	\$1,164 76
Per capita cost	-----	0.7854

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Acreage of farming and grazing lands, 233; number of acres actually cultivated, 39.

Farm and Garden Products.

KIND.	Quantity.	Cost.
Apples	50 barrels.	\$50 00
Asparagus	883 bunches.	88 30
Beets.....	183 bushels.	91 50
Beans, string.....	175 bushels.	175 00
Beans, lima.....	22 bushels.	22 00
Berries.....	1,164 quarts.	93 12
Corn	27,150 ears.	135 75
Corn fodder.....	5,500	220 00
Carrots	66 bushels.	33 00
Celery.....	13,611 heads.	680 55
Cauliflower.....	299 heads.	14 95
Cabbage.....	9,036 heads.	451 80

Review of State Hospitals—Special Reports of Superintendents.

Farm and Garden Products — (Concluded).

KIND.	Quantity.	Cost.
Cucumbers	220 bushels.	\$220 00
Currants	200 quarts.	20 00
Grapes	48 bushels.	48 00
Hay	120 tons.	1,200 00
Lettuce.....	480 bushels.	240 00
Lettuce	5,665	56 65
Onions	592 bushels.	296 00
Oats	217 bushels.	60 76
Oat straw	4 tons.	32 00
Potatoes.....	519 bushels.	181 65
Parsnips.....	150 bushels.	150 00
Pears	7 bushels.	3 50
Radishes.	41 bushels.	82 00
Rhubarb	27 bushels.	27 00
Salsify	25 bushels.	37 50
Squash.....	925	65 45
Turnips.....	400 bushels.	60 00
Tomatoes.....	744 bushels.	372 00
Total.....	.....	\$5,208 48

Fresh and Dried Fruits Purchased.

	Quantity.	Total cost.	Per capita cost.
<i>Fresh fruit:</i>			
Apples.....	364 barrels.	\$463 40	\$0.422
Oranges	42 boxes.	117 60	.107
Grapes.....	.....	173 80	.158
Sundries.....	.....	1,283 44	1.17
<i>Dried fruit:</i>			
Prunes.....	7,964 pounds.	401 04	.365
Raisins	1,242 pounds.	65 15	.06
Apples.....	2,000 pounds.	157 50	.143
Canned fruit.....	52 dozen.	143 60	.13

BUFFALO STATE HOSPITAL.

	Acres.
Acreage of land	183
Acres under cultivation.....	90

Review of State Hospitals—Special Reports of Superintendents.

Crop Produced and Estimates.

KIND OF CROP.	Quantity.	Cost.	Estimated value.
Hay	50 tons.	\$12 00	\$600 00
Straw	18 tons.	6 00	108 00
Oats	637 bushels.	32	203 87
Corn fodder	700 tons.	5 00	3,500 00
Vegetable oyster	70 bushels.	1 00	70 00
Pie plant	11½ barrels.	2 00	22 50
Parsnips	50 bushels.	25	12 50
Beet greens	101 bushels.	50	50 50
Currants	38 quarts.	08	3 04
Onions	108 bushels.	50	54 00
Green peas	101 bushels.	80	80 80
Spinach	58 bushels.	1 00	58 00
Strawberries	50 quarts.	06	3 00
String beans	94½ bushels.	1 50	141 75
Cucumbers	38 barrels.	5 00	175 00
Asparagus	25 bushels.	10	2 50
Sweet corn	449½ dozen.	10	44 95
Turnips	233 crates.	30	69 90
Cabbage	4,000 heads.	03	120 00
Celery	1,000 heads.	04	40 00
Beets	309 bushels.	40	113 60
Carrots	51 bushels.	25	12 75
Lettuce	65 barrels.	1 50	97 50
Parsley	807 bunches.	01	8 07
Savory	875 bunches.	02	17 50
Tomatoes	100 crates.	35	35 00
Squash	1,000 pounds.	02	20 00
Total .....	.....	.....	\$5,674 73

Fresh and Dried Fruits Purchased.

KIND OF FRUIT.	Quantity.	Cost.
<i>Dried fruit:</i>		
Raisins	634 pounds.	\$30 95
Currants	814 pounds.	25 89
Apples, evaporated	2,900 pounds.	217 83
Prunes	900 pounds.	40 35
Peaches, evaporated	3,508 pounds.	285 02
Pears, evaporated	2,050 pounds.	135 98
Apricots, evaporated	3,450	290 74
<i>Fresh fruit:</i>		
Bananas	337 bunches.	457 10
Apples	131 barrels.	271 75
Grapes	651 baskets.	83 46
Berries	1,037 baskets.	88 95
Peaches	150 baskets.	141 65
Oranges	51 boxes.	146 10
Pineapples	345	24 15
Lemons	1 box.	3 50
Cranberries	2 crates.	7 00
Sundry fruits .....	.....	146 36
Total cost .....	.....	\$2,396 78
Daily per capita cost .....	.....	0.0082

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

Farming and grazing lands, 695 acres; number of acres under cultivation, 535.

Crops and Vegetables Produced.

KIND OF CROP.	Quantity.	Price.	Estimated value.
Apples	17 bushels.	\$0 50	\$8 50
Beets	3,700 bushels.	30	1,110 00
Beets	371 bushels.	40	148 40
Buckwheat	140 bushels.	50	70 00
Carrots	504 bushels.	40	201 60
Corn, green	24,508 ears.	-----	245 08
Cabbage	12,752 heads.	03	382 56
Cauliflower	360 heads.	05	18 00
Celery	3,655 bunches.	05	182 75
Corn, sweet	8 bushels.	2 00	16 00
Cress	151 bunches.	-----	1 51
Cucumbers	37,214	02	744 28
Ensilage	680 tons.	3 00	2,040 00
Hay	140 tons.	10 00	1,400 00
Lettuce	19,237 heads	02	384 74
Oats	2,031 bushels.	40	812 40
Onions	14,511 bunches	03	435 33
Onions	175 bushels.	75	131 25
Parsley	950 bunches.	-----	9 50
Parsnips	159 bushels	40	63 60
Peas	250 bushels.	1 00	250 00
Peppers	3 bushels.	1 00	3 00
Pickles, cucumbers	33 barrels.	9 50	361 00
Pie plant	2,295 bunches	05	114 75
Potatoes	7,414 bushels.	50	3,707 00
Radishes	8,261 bunches.	05	413 05
Rye	280 bushels.	60	168 00
Straw	40 tons.	5 00	200 00
Spinach	209 bushels.	50	104 50
Squash	11,318 pounds.	02	226 36
Strawberries	138 quarts	12	16 56
Tomatoes	371 bushels.	1 00	371 00
Turnips	675 bushels.	35	236 25
Turnips	2,540 bushels.	30	762 00
Total value	-----	-----	\$11,631 97

Review of State Hospitals—Special Reports of Superintendents.

The following were purchased:

Currants, 74 quarts	\$7 40
Watermelons, 10	3 30
Cherries, 100 quarts	10 00
Crates muskmelons, 2	2 95
Pine apples, 112	5 20
Strawberries, 859 quarts	86 65
Plums, 4 baskets	4 85
Cranberries, 2 barrels and 26 quarts	26 81
Baskets of peaches, 123	220 25
Bushels of pears, 5	15 05
Grapes, 3,410 pounds	74 97
Boxes of lemons, 21	89 85
Oranges, 18 boxes and 51 dozen	79 17
Bananas, 12 bunches and 21½ dozens	20 20
Apples, 69 barrels	148 82
Olives, 40 bottles	13 47
Pineapples, 25 cans	4 20
Pears, 97 cans	15 93
Peaches, 97 cans	16 53
Plums, 52 cans	8 03
Cherries, 48 cans	7 60
Apricots, 48 cans	6 40
Prunes, 6,520 pounds	343 20
Raisins, 820 pounds	41 75
Dried currants, 76 pounds	5 85
Evaporated apples, 2,150 pounds	162 00

Total cost	\$1,420 43
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The per capita cost was \$1.16.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

	Acreage.
Potatoes	43
Corn	5
Corn (Stowell's evergreen)	40
Oats and barley	83
Garden	20
Meadows	128
Pastures, for milkers	200
Pastures, for dry stock	90
Pastures, for hogs	8
Mangle wurzels	5
Barley	5
Rye	12
Beans	4
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Acreage cultivated	643
Woodlands, lawns, roads and buildings	347
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Total acreage	990
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Farm Products.

KIND.	Quantity.	Estimated value.	Total value.
Beans	50 bushels.	\$1 60	\$80 00
Barley	140 bushels.	45	63 00
Corn fodder	250 tons.	6 00	1,500 00
Corn fodder	350 bushels.	45	157 50
Hay	215 tons.	12 00	2,580 00
Mangle wurzels	6,162 bushels.	.....	1,848 60
Oats	710 bushels.	28	198 80
Oats and barley	2,000 bushels.	28	560 00
Potatoes, small	1,500 bushels.	20	300 00
Potatoes	6,400 bushels.	30	1,920 00
Pumpkins	414 bushels.	08	33 12
Rye	250 bushels.	50	125 00
Straw	80 tons.	5 00	490 00
Total .....	.....	.....	\$9,766 02

Review of State Hospitals—Special Reports of Superintendents.

Garden Products.

KIND.	Quantity.	Estimated value.	Total value.
Apples, crab.....	58½ bushels.	\$1 00	\$58 50
Apples.....	207 bushels.	65	201 70
Asparagus.....	168 bunches.	05	8 40
Beans, string.....	82 bushels.	1 00	82 00
Beans, Lima.....	30 bushels.	2 00	60 00
Beets.....	243 bunches.	04	9 72
Beets.....	550 bushels.	40	220 00
Blackberries.....	25 quarts.	10	2 50
Carrots.....	1,640 bushels.	30	492 00
Corn, sweet.....	2,102 dozen.	10	210 20
Cabbage.....	10,336 heads.	04	413 44
Cauliflower.....	1,313 heads.	10	131 30
Celery.....	13,833 heads.	02	276 66
Lettuce.....	713 heads.	03	21 39
Lettuce.....	42 bushels.	50	21 00
Melons, water.....	661	15	99 15
Melons, musk.....	4,329	05	216 45
Onions.....	4,603 bunches.	03	138 09
Onions, early.....	22 bushels.	80	17 60
Onions.....	700 bushels.	60	420 00
Potatoes, early.....	366 bushels.	80	292 80
Parsley.....	190 bunches.	05	9 50
Parsnips.....	364 bushels.	50	182 00
Pie plant.....	647 bunches.	10	64 70
Peas, green, early.....	200 bushels.	75	150 00
Sage.....	50 pounds.	60	30 00
Savory.....	50 pounds.	60	30 00
Spinach.....	82 bushels.	60	49 20
Squash, early.....	56 bushels.	1 00	56 00
Squash, late.....	55 bushels.	30	16 50
Salsify.....	83 bushels.	50	41 50
Strawberries.....	1,569 quarts.	10	156 90
Turnips.....	724 bushels.	40	289 60
Tomatoes.....	197 bushels.	60	118 20
Tomatoes, green.....	35 bushels.	30	10 50
Total.....	-----	-----	\$4,697 50

Fruits Purchased.

KIND.	Quantity.	Per capita.	Total cost.
Canned fruit.....	16 dozen.	\$0.266	\$304 45
<i>Fresh fruit:</i>			
Apples.....	858½ bushels.	.442	509 72
Lemons.....	33 boxes.	.108	124 64
Peaches.....	41.5 bushels.	.07	81 45
Cranberries.....	4 barrels.	.041	47 50
Pears.....	1 barrel.	.0026	3 00
Grapes.....	373 baskets.	.047	54 41
Berries.....	2,109 quarts.	.175	201 74
Bananas.....	101 bunches.	.13	150 25
Oranges.....	61 boxes.	.167	191 35
Dried fruit.....	18,262 pounds.	1.025	1,182 14
Total.....	-----	-----	\$2,850 65

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

Acreage of farming land	95
Acreage of grazing land.....	12
Total	107
Acres actually cultivated	95

Crops and Vegetables Produced.

KIND.	Quantity.	Estimated value.	Total value.
Early potatoes.....	700 bushels.	\$0 50	\$350 00
Late potatoes.....	150 bushels.	30	45 00
Beet greens.....	80 bushels.	20	16 00
Early onions.....	3,379 bunches.	01	33 79
Late onions.....	205 bushels.	50	102 50
Summer squash.....	238 dozen.	20	47 60
Hubbard squash.....	6 tons.	30 00	180 00
Green peas.....	184 bushels.	90	165 60
String beans.....	119 bushels.	90	107 10
Early cabbage.....	800 heads.	05	40 00
Late cabbage.....	8,000 heads.	02	160 00
Cucumbers.....	505 dozen.	08	40 40
Green corn.....	1,258 dozen.	10	125 80
Lettuce.....	8,995 bunches.	02	179 90
Radishes.....	6,030 bunches.	02	120 60
Tomatoes.....	198 bushels.	50	99 00
Rutabagas.....	350 bushels.	25	87 50
Parsnips.....	200 bushels.	50	100 00
Salsify.....	40 bushels.	50	20 00
Carrots.....	400 bushels.	25	100 00
Celery.....	6,000 heads.	04	240 00
Early beets.....	142 bushels.	50	71 00
Late beets.....	300 bushels.	25	75 00
Early turnips.....	336 bushels.	50	168 00
Late turnips.....	150 bushels.	25	37 50
Cow beets.....	1,000 bushels.	10	100 00
Apples.....	10 bushels.	50	5 00
Oats.....	270 bushels.	28	75 60
Rye.....	330 bushels.	50	165 00
Oat straw.....	6 tons.	6 00	36 00
Rye straw.....	15 tons.	7 00	105 00
Hay.....	12 tons.	12 00	144 00
Ensilage.....	150 tons.	1 50	225 00
Total .....	.....	.....	\$3,567 89

Review of State Hospitals—Special Reports of Superintendents.

Vegetables and Fruit Purchased.

KIND.	Quantity.	Cost.	Total cost.
Potatoes	796 bushels.	\$0 58	\$463 60
Potatoes, sweet.	11 barrels.	2 30	25 35
Onions	25 bushels.	1 25	31 25
Pears	27 bushels.	75	20 25
Apples	147 barrels.	1 52	223 60
Berries	1,069 quarts.	10	106 90
Melons	245	15	38 41
Cranberries	2 barrels.	11 25	22 50
Lemons	19 boxes.	4 00	76 00
Bananas	86 bunches.	1 99	171 80
Peaches	34 baskets.	76	26 00
Grapes	1,586 pounds.	028	44 50
Oranges	43 boxes.	2 92	125 75
Currants	229 pounds.	06	13 74
Evaporated apples	3,004 pounds.	0708	212 76
Cocoanut	63 pounds.	166	10 50
Prunes	1,037 pounds.	0478	49 65
Raisins	12½ boxes.	1 36	17 00
Evaporated apricots	850 pounds.	0819	69 65
Total .....	.....	.....	\$1,752 18
Per capita cost .....	.....	.....	3 80

MATTEAWAN STATE HOSPITAL.

Acreage of farming lands	250
Acreage of grazing lands	75
Acreage actually under cultivation	95

Crops and Vegetables Produced.

KIND.	Quantity.	Value.
Peas, Lima	63 bushels.	\$63 00
Beans, string	96 bushels.	48 00
Beets	441 bushels.	176 40
Cabbage	7,847 heads.	235 41
Carrots	233 bushels.	93 20
Cauliflower	300 heads.	18 00
Celery	2,000 heads.	60 00
Corn fodder	3,750 bundles.	112 50
Corn in ear	344 bushels.	103 20
Corn, green	1,040 bushels.	104 00
Cucumbers	17,500	52 50
Hay	65 tons.	975 00
Musk melons	3,015	241 20
Oats	595 bushels.	166 60
Onions, dry	118 bushels.	59 00
Onions, green	6,200 bunches.	124 00
Parsnips	412 bushels.	247 20

Review of State Hospitals—Special Reports of Superintendents.

Crops and Vegetables Produced—(Concluded).

KIND.	Quantity.	Value.
Peas, green	95 bushels.	\$71 25
Peppers	922 bushels.	9 22
Potatoes	239 bushels.	71 70
Raspberries	380 quarts.	30 40
Rhubarb	455 bunches.	13 65
Rye	245 bushels.	102 90
Squash, summer.....	1,531	45 93
Squash, winter.....	2,950	44 25
Straw	25 tons.	250 00
Strawberries	1,525 quarts.	30 40
Tomatoes, green.....	143 bushels.	42 90
Tomatoes, ripe	575 bushels.	431 25
Turnips	325 bushels.	81 25
Watermelons	740	74 00
Total .....	.....	\$4,300 41

Fruits Purchased.

KIND.	Quantity.	Cost.
Apples	198 barrels.	\$232 35
Apples, evaporated.....	4,659 pounds.	318 52
Pears	7 barrels.	10 50
Total cost.....	.....	\$561 37
Annual per capita cost.....	.....	1.1435

40. State the number of cows in the hospital herd, and the quantity of milk produced during the fiscal year; also, the number of gallons of milk purchased and the average price per gallon paid for the same; also, the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Average number of cows in hospital herd for fiscal year. 68
Milk produced, quarts 271,585

WILLARD STATE HOSPITAL.

Number of cows in hospital herd..... 146
Milk produced, gallons 96,081

No milk purchased.

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

Number of cows in hospital herd.....	60
Milk produced during the year, quarts.....	146,978
Milk purchased during the year, gallons.....	47,638
Average price per gallon	\$0.113
Total cost.....	5,385.69
Per capita cost	3.631

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Average number of cows (mostly farrow).....	36
Quantity of milk produced during the fiscal year, gal- lons	13,520
Number of gallons of milk purchased.....	99,068
Average price per gallon paid for same.....	\$0.116
Per capita cost	11.242
Total cost	11,546.04

BUFFALO STATE HOSPITAL.

Amount of milk produced during year, gallons.....	34,321
Milch cows in hospital herd.....	37

No milk purchased.

BINGHAMTON STATE HOSPITAL.

Number of cows in the hospital herd.....	85
Quantity of milk produced, quarts	242,128
Quantity of milk purchased, quarts.....	50,784
Average price per quart.....	\$0.029
Total cost	1,477.18
The per capita cost.....	1.21

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

Number of cows September 30, 1895.....	100
Milk produced, gallons	58,047
Milk purchased, gallons	1,079½
Milk, cost per gallon	\$0.16
Total cost	172.68
Per capita cost .....	.149

ROCHESTER STATE HOSPITAL.

Average number of cows in herd.....	24
Milk produced, quarts	91,415

No milk purchased.

MATTEAWAN STATE HOSPITAL.

Number of cows in the hospital herd.....	16
Number of gallons of milk produced.....	11,713
Number of gallons of milk purchased.....	10,084
Average price per gallon paid for milk.....	\$0.262
Annual per capita cost.....	2.6185
Total cost of milk purchased.....	1,285.37

41. State the number of beef cattle slaughtered during the fiscal year, the quantity, in pounds, of beef realized therefrom, and the estimated value of the same; also, the total quantity and grades of beef purchased, the average price per pound, and total cost of same; also, whether beef is purchased in carcass or in quarters, and if the latter, the proportion of fore and hind quarters, together with the method of purchasing meats, whether by contract or otherwise.

UTICA STATE HOSPITAL.

Number of beeves slaughtered.....	2
Weight of same, 99 pounds; estimated value.....	\$39.96
Amount of beef purchased (in carcasses), pounds....	157,054

Review of State Hospitals—Special Reports of Superintendents.

Total cost of same.	\$11,116.07
Average price per pound. ....	.0707
Amount of forequarters (beef) purchased, pounds...	13,970
Total cost of same.	\$787.15
Average price per pound. ....	.057
Total number pounds beef and fores purchased, pounds.	171,024
Total cost of same.	\$11,903.22
Average price per pound. ....	.0695

The quality or grade of above beef, "choice native."

Beef is purchased by the carcass, also extra fores, the proportion being one extra fore to each carcass.

Beef is purchased by contract.

WILLARD STATE HOSPITAL.

Cattle slaughtered.	5
Beef realized, pounds.	2,905
Estimated value.	\$173.30
Beef purchased, pounds.	447,695
Good quality, average purchase price per pound....	\$0.069
Total cost.	\$30,921.94

Beef is purchased in carcass and forequarters, three forequarters to two hindquarters, and purchased in open market.

HUDSON RIVER STATE HOSPITAL.

Beef cattle slaughtered.	10
Pounds of beef realized, 4,932, at 7 cents.	\$345.24
Quantity of beef purchased, pounds.	301,494
Average price per pound.	\$0.0707
Total cost of same.	\$21,328.64

We purchase a good merchantable quality of well-fatted steer beef, weighing 600 pounds or over to the carcass, free from bruises.

Review of State Hospitals—Special Reports of Superintendents.

Beef is purchased by the carcass, and for every full carcass there is one forequarter additional allowed.

The method of purchasing meats is by contract.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Cattle slaughtered, 4; beef realized therefrom, 2,434 pounds; value of the same, \$121.70; total quantity of beef purchased, 262,725 pounds; grade, native steer; average price per pound, \$0.074; total cost of same, \$20,422.50.

Beef during the past year has been purchased in the carcass by contract.

BUFFALO STATE HOSPITAL.

Number of beef cattle slaughtered.....	24
Quantity realized in pounds, with value, 15,828, at 6 cents.....	\$949.68
Beef "native steer" (purchased), pounds.....	134,067½
Average price paid.....	\$0.0638
Total cost.....	\$8,565.87

Beef is purchased in carcass and by contract.

BINGHAMTON STATE HOSPITAL.

Number of beef cattle slaughtered.....	35
Quantity realized therefrom, pounds.....	16,131
Estimated value of the same.....	\$1,129.17
Quantity of beef purchased, pounds.....	252,333
Average price per pound..	\$0.074
Total cost of beef purchased.....	18,568.02

Purchased in carcasses and by contract.

Grade of beef purchased, native steers.

ST. LAWRENCE STATE HOSPITAL.

Twenty-five head cattle, slaughtered, 10,976 pounds; value, 6 cents; total value, \$658.56; value of hides, \$55.44; total beef purchased, 224,312 pounds; average per pound, \$0.0525; total cost,

Review of State Hospitals—Special Reports of Superintendents.

\$11,789.72; total canned corned beef purchased, 9,562 pounds; average per pound, \$0.0844, total cost, \$807.13.

Western beef, during the period embraced in this report, was purchased by contract made the first of each month. We usually accepted one extra fore for each carcass purchased, paying \$1 per 100 pounds less than for full carcass. Home cattle were purchased as occasion required, and prices governed by quality of beef offered, usually 1½ cents less than Western beef.

ROCHESTER STATE HOSPITAL.

Beef cattle slaughtered, number	16
Beef cattle slaughtered, pounds.....	9,715
Estimated value	\$597.38
Steer beef purchased, 74,643 pounds, at \$0.0617.....	\$4,608.13
Per capita cost	\$0.999

Purchased in carcass, six months contract, after competitive proposals.

MATTEAWAN STATE HOSPITAL.

We have slaughtered three beef cattle during the year, realizing 1,235 pounds of dressed beef therefrom, of an estimated value of \$61.75; we have purchased a total of 101,682 pounds of best grade of native Chicago dressed steer beef, at an average price of \$0.0775 per pound; and at a total cost of \$7,887.93. The beef was purchased in whole carcasses. In purchasing beef we invited proposals from various firms who were asked to supply the hospital for periods ranging from three to six months, and the contract was awarded to the lowest bidder.

Revie State Hospitals—Special Reports of Superintendents.

42. State the number of calves slaughtered during the fiscal year, the quantity in pounds of veal realized therefrom, and the estimated value of the same; also the quantity, in pounds, of veal purchased, together with the average price per pound, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Have slaughtered no calves during fiscal year.

Amount of veal purchased, pounds.....	12,895
Total cost of same.....	\$650.37
Average price per pound.....	\$0.0504
Per capita cost.....	\$0.647

WILLARD STATE HOSPITAL.

Veal purchased, pounds.....	2,198
Average price per pound.....	\$0.07
Total cost	\$154.34
Per capita cost.....	\$0.07

HUDSON RIVER STATE HOSPITAL.

No calves were slaughtered during the fiscal year.

Amount of veal purchased, pounds.....	6,811
Average price per pound.....	\$0.0808
Per capita cost	\$0.3714
Total cost	\$550.89

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Number of calves slaughtered during the fiscal year..	7
Quantity of veal realized therefrom, pounds.....	648
Value	\$51.84

Review of State Hospitals—Special Reports of Superintendents.

Number of pounds of veal purchased.....	540
Average price per pound.....	\$0.082
Per capita cost.....	\$0.04
Total cost	\$44.40

BUFFALO STATE HOSPITAL.

No veal slaughtered.

Veal purchased, pounds	4,193
Average price paid.....	\$0.0751
Total cost	\$314.93
Per capita cost per day.....	\$0.001

BINGHAMTON STATE HOSPITAL.

Quantity of veal purchased, pounds.....	483½
Average price per pound.....	\$0.09
Per capita cost.....	\$0.035
Total cost	\$43.54

ST. LAWRENCE STATE HOSPITAL.

No veal raised; 34 calves sold, realized \$36.08; 26 deacons sold, realized \$10.65; veal purchased, 11,327 pounds; average price per pound, \$0.0632; per capita, \$0.639; total cost, \$716.68.

ROCHESTER STATE HOSPITAL.

No calves slaughtered. No veal purchased.

MATTEAWAN STATE HOSPITAL.

No calves were slaughtered during the year. We purchased 363 pounds of veal at an average price of \$0.13, and at a per capita cost of \$0.096 and a total expenditure of \$47.19.

Review of State Hospitals—Special Reports of Superintendents.

43. State the average number of swine kept during the fiscal year, the number on hand at the end of the year, the numbers slaughtered, and the amount, in pounds, of pork realized therefrom, together with the estimated value of the same; also the quantity, in pounds, of pork purchased, including fresh, salted hams, bacon and sausage, the average price per pound of each, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Average number swine kept during fiscal year.....	175
Number on hand at the end of the year.....	242
Number slaughtered during the year.....	363
Pork realized therefrom, pounds.....	46,585
Estimated value of same.....	\$2,795.10
Ham purchased, pounds.....	8,861
Average price per pound.....	\$0.1101
Sausage purchased, pounds.....	8,400
Average price per pound.....	\$0.0667
Per capita cost (ham and sausage).....	\$1.44
Total cost of ham and sausage.....	\$1,446.90

WILLARD STATE HOSPITAL.

Average number of swine kept during the year, 375; on hand at end of year, 130 fat hogs, 80 breeding sows, 150 shoats, 98 pigs, total, 458; number of hogs slaughtered, 111; number of pounds realized, 39,141; estimated value, \$2,348.46.

PURCHASED.	Pounds.	Average price.	Total.
Salt pork.....	2,417	\$.0684	\$165 44
Shoulders, smoked.....	43,046	.0635	2,735 54
Ham, smoked.....	5,509	.0971	535 04
Bacon, smoked.....	996	.0926	92 27
Bologna sausage.....	5,300	.0538	285 50
Total cost.....	.....	.....	\$3,813 79
Per capita cost.....	.....	.....	1.743

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

Average number of swine kept, about.....	60
Number on hand at the end of fiscal year.....	115
Number slaughtered	84
Value per pound.....	\$0.06½
Number of pounds realized.....	10,635

Pork Purchased as Follows:

	Pounds purchased.	Average purchase price.	Per capita cost.	Total cost.
<i>Fresh:</i>				
Pounds purchased.....	16,162	\$0.065	\$0.706	\$1,047 62
<i>Salt:</i>				
Hams	19,762	.105	.....	.....
Bacon	312	.131	.....	.....
Sausage	1,152	.059	1.469	2,179 61

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Average number of swine kept during the fiscal year, 416; number on hand at the end of the year, 472; number slaughtered, 178; the amount of pork realized therefrom, 30,749 pounds; estimated value of same, \$1,537.45.

Pork Purchased as Follows:

	Numbe pounds.	Average price per pound.	Per capita cost.	Total cost.
Ham	10,792	\$0.10	\$0.99	\$1,083 42
Bacon	816	.09	.067	73 73
Sausage	536	.089	.043	47 56

iew of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

	Number of pounds.	Price.	Total.
Average number of swine for year.....	.....	.....	158
Number on hand at end of year..	.....	.....	165
Number slaughtered during year..	.....	.....	88
Amount of pork.....	7,635	\$0.09	\$686 15
<i>Pork, etc., purchased :</i>			
Sausage (Wieners).....	14,720	\$0.073	\$1,076 79
Bacon	4,187	.09	378 90
Ham.....	833½	.93	78 14
Shoulders.....	20,435	.0658	1,344 75
Salt pork.....	3,368	.07	236 76
Total cost.....	.....	.....	\$3,115 34
Per capita cost per day.....	.....	.....	.0108

BINGHAMTON STATE HOSPITAL.

Average number of swine kept was.....	367
Number on hand October 1, 1895.....	531
Number slaughtered during the year.....	200
Pounds of pork realized therefrom was.....	40,969
Estimated value of the same was.....	\$3,277.52
Quantity of pork purchased was, pounds.....	745
Average price per pound of ham was.....	\$0.12½
Average price per pound of bacon was.....	\$0.12½
The per capita cost of pork purchased was.....	\$0.075
The total cost of pork purchased was.....	\$91.47

ST. LAWRENCE STATE HOSPITAL.

Average number of swine, 153; number on hand at the end of the year, 35; number slaughtered, 108; sold, 1; weight, 26,033 pounds; estimated value, \$1,576.98.

Review of State Hospitals—Special Reports of Superintendents.

Pork Purchased as Follows:

	Quantity. pounds.	Average cost.	Per capita.	Total cost.
Bacon purchased.....	32,382	\$0.0958	\$0.692	\$3,104 52
Ham purchased.....	3,733	.1056	.341	394 28
Shoulders purchased.....	236	.06	.012	14 16
Salt pork purchased.....	2,000	.06	.104	120 00
Sausage purchased.....	3,100	.0662	.178	205 50
				\$3,838 46

ROCHESTER STATE HOSPITAL.

Average number of swine kept.....	124
Number on hand at end of year.....	138
Slaughtered, 2,100 pounds.....	\$126.00
Sold (live), 21,808 pounds.....	\$1,030.61

Salt pork purchased (5,600 pounds, at \$0.0696).....	\$390 00
Hams purchased (5,745 pounds, at \$0.106).....	609 44
Bacon purchased (1,286 pounds, at \$0.10).....	128 84
Sausage purchased (1,303 pounds, at \$0.0871).....	113 52

Total.....	\$1,241 80
Per capita cost.....	2 69

MATTEAWAN STATE HOSPITAL.

Average number of swine kept during year.....	120
Number on hand October 1, 1895.....	150
Number slaughtered during the year.....	88
Number of pounds of pork realized.....	19,225
Estimated value of pork.....	\$1,153.50
Pork purchased (dry, salted, clear), pounds.....	9,842
Average price per pound.....	\$0.07756

Review of State Hospitals—Special Reports of Superintendents.

Annual per capita cost.....	\$1.555
Total cost.	\$763.37
Hams purchased, pounds.....	11,240
Average price.	\$0.11847
Annual per capita cost.....	\$0.271
Total cost.	\$133.17
Sausage purchased, pounds.....	3,750
Average price.	\$0.07501
Annual per capita cost.....	\$0.572
Total cost.	\$281.27

44. State the number of sheep, if any, kept during the fiscal year, including lambs, and the number on hand at the end of the year; also, separately, the quantities, in pounds, of mutton and lamb slaughtered, together with the estimated value of the same; also the quantity, in pounds, of mutton and lamb purchased, the average price per pound of each, and the per capita and total cost of the same; also give the quantity of wool sold and the price per pound, and the total sum realized therefrom.

UTICA STATE HOSPITAL.

Have kept no sheep.

Mutton purchased, pounds.....	52,230
Average price per pound.....	\$0.062
Lamb purchased, pounds.....	2,849
Average price per pound.....	\$0.09
Per capita cost (mutton and lamb).....	\$3.575
Total cost (mutton and lamb).....	\$3,590.45

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

	Pounds.	Average price.	Cost.
Mutton purchased.	28,258	\$0.0577	\$1,631.74
Lamb purchased.	2,778	.0689	191.50
Total cost.			\$1,823.24
Per capita cost. . . . .			.833

HUDSON RIVER STATE HOSPITAL.

We do not keep sheep.

	Pounds purchased.	Average purchase price.	Per capita cost.	Total cost.
Mutton.	29,453	\$0.075	\$1.508	\$2,236.72
Lamb.	34	.10	.002	3.40

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(a) No sheep or lambs have been kept on the farm during the year.

(b) Number of pounds of lamb purchased, 9,457; average price per pound, \$0.089; per capita cost, \$0.742; total cost of the same, \$814.62.

(c) There has been no wool gathering, and consequently no wool selling, on the hospital ranch during the past year.

BUFFALO STATE HOSPITAL.

	Pounds.	Price.	Total cost.
Mutton purchased.	10,662½	\$0.05916	\$630.83
Lamb purchased.	1,287	.067	86.23
Total cost.			\$717.06
Per capita cost per day. . . . .			.0024

BINGHAMTON STATE HOSPITAL.

Number of sheep on hand October 1, 1895.	109
Quantity of mutton slaughtered during the year, pounds.	974

Review of State Hospitals — Special Reports of Superintendents.

Quantity of lamb slaughtered during the year, pounds,	1,023
Value of mutton slaughtered.....	\$68 18
Value of lamb slaughtered.....	102 30
Quantity of mutton purchased, pounds.....	9,652
Quantity of lamb purchased, pounds.....	104½
Average price per pound of mutton.....	\$0.067
Average price per pound of lamb.....	\$0.154
Total cost of mutton and lamb purchased.....	\$657 54
The per capita cost.....	\$0.54
Quantity of wool sold, pounds.....	957
Total sum realized therefrom.....	\$150 83

ST. LAWRENCE STATE HOSPITAL.

Number of sheep kept during year, 27; number of sheep slaughtered during year, 27, weighing 1,046 pounds; value, \$73.22; sold 27 pelts for \$15.95; 9 pounds wool, at \$0.17, \$1.53.

	Pounds.	Average cost.	Per capita.	Total cost.
Mutton.	11,825	\$0.0637	\$6.531	\$753.21
Lamb.	1,647	.0784	.111	129.14

ROCHESTER STATE HOSPITAL.

No sheep kept.

Mutton purchased (9,258 pounds, at \$0.0643).....	\$595 83
Per capita cost.....	1 29

No lamb purchased.

MATTEAWAN STATE HOSPITAL.

There are no sheep upon the farm.

Mutton purchased, pounds.....	12,127
Mutton purchased, price per pound.....	\$0.05579
Annual per capita cost.....	\$1.378
Total cost.	\$676 61

Review of State Hospitals—Special Reports of Superintendents.

45. State, in pounds, the quantities and varieties of fresh, salted and smoked fish purchased during the fiscal year, the average price per pound of each, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Fresh, salted and smoked fish purchased:

KIND.	Quantity, lbs.	Average purchase price.
Smelts	36	.10
White-fish	2,120	.0458
Haddock	965	.0449
Halibut	14	.152
Pike	568	.0514
Salmon	47	.199
Pickarel	3,600	.0325
Perch	585	.0205
Blue-fish	83	.097
Trout	272	.096
Shad, number of	29	.412
Weak-fish	567	.0511
Cod-fish, salted	4,500	.049
Salmon, salted	3,600	.043
Mackerel, salted	3,400	.07
Total cost	-----	\$1,018 27
Per capita cost	-----	1.014

WILLARD STATE HOSPITAL.

KIND.	Quantity, lbs.	Average price.	Total.
Fresh fish	44,139½	.0583	\$1,692 38
Cod-fish, salt	18,000	.0473	851 91
Mackerel, salt	8,200	.0827	678 91
Total cost	-----	-----	\$3,223 20
Per capita cost	-----	-----	1.474

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

Fresh Fish.

KIND.	Pounds purchased.	Average purchase-price.
Haddock	12,861	.04
Weak-fish	7,227	.043
Hake	6,580	.033
Blue-fish	3,050	.047
Cod-fish	3,433	.04
Ciscoes	1,550	.046
Shad	9,049	.03
Flounders	850	.04
Sundry fish	2,663	.15
Total cost .....	.....	\$2,171 27
Per capita cost .....	.....	1.464

Salt Fish.

KIND.	Pounds purchased.	Average price.	Per capita cost.	Total cost.
Cod-fish, pounds	11,896	.06 per lb.	.489	\$725 19
Mackerel, barrels	144	\$15.826 per bbl.	\$1.536	2,279 00

MIDDLETOWN STATE HOSPITAL.

General varieties of fish purchased: Cod, haddock, blue. Number of fresh fish purchased during the fiscal year, 31,539; average price per pound, \$0.044; per capita cost, \$1.269; total cost, \$1,391.95.

Number of pounds of salt fish purchased, 11,160; average price per pound, \$0.073; per capita cost, \$0.744; total cost, \$812.60.

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

KIND.	Quantity.	Price.	Value.
Boneless salt cod-fish	2,676	.06	\$160 56
Pickrel, fresh	685	.05	35 25
Trout	8,670	.064	526 20
Weak-fish	975	.056	50 38
White-fish	325	.06	19 50
Fresh cod-fish	1,600	.05	80 00
Red snapper	360	.04	15 00
Halibut	650	.06	39 00
Flounders, fresh	325	.06	19 50
Blue-fish	1,375	.05	78 00
Mullet	250	.04	10 00
Shad	1,025	.06	61 50
Total cost .....	.....	.....	\$1,105 27
Per capita cost .....	.....	.....	.00383

BINGHAMTON STATE HOSPITAL.

Quantity of fresh fish purchased during the year, 19,649 pounds; average purchase price, \$0.041; quantity of salt fish purchased, 11,500 pounds; grades of salt fish purchased were cod, mackerel and salmon; average purchase price of cod, \$0.057; average purchase price of mackerel, \$0.09; average purchase price of salmon, \$0.041; the total cost of fish purchased during the year was \$1,587.65; the per capita cost of the same was \$1.29.

ST. LAWRENCE STATE HOSPITAL.

Fresh fish (market cod, halibut, blue fish, weak fish, haddock) purchased, 33,515 pounds; average cost, \$0.0468; per capita cost, \$1.362; total cost, \$1,570.41.

Review of State Hospitals—Special Reports of Superintendents.

Salt Fish Purchased.

KIND.	Pounds.	Average cost.	Per capita.	Total.
Salmon.....	13,900	.0591	.705	\$812 50
Mackerel	4,400	.0656	.242	279 00
Herring	1,000	.031	.026	31 00
Pickled cod.....	600	.225	.011	13 50
Dried cod	2,680	.054	.136	156 90
				\$1,293 09

ROCHESTER STATE HOSPITAL.

Fresh fish purchased, 14,389 pounds, at \$0.0536.....	\$772 51
Salt cod-fish purchased, 2,292 pounds, at \$0.0673.....	154 34
Salt mackerel purchased, 400 pounds, at \$0.118.....	47 46
Total	\$974 31
Per capita cost.....	2 11

MATTEAWAN STATE HOSPITAL.

Fish purchased, fresh, pounds.....	2,800
Average price.....	\$0.04
Annual per capita cost.....	\$0.228
Total cost.....	\$112
Fish, salted, pounds.....	5,331
Average price.....	.06658
Annual per capita cost.....	\$0.723
Total cost	\$354.97

Review of State Hospitals—Special Reports of Superintendents.

46. State the number and kinds of poultry on hand at the end of the fiscal year, the number of pounds of each killed during the year, the total quantity killed, and the estimated value of the same; also the quantities and kinds of poultry purchased, the average price per pound of each, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Chickens on hand at end of fiscal year.....	351
Ducks on hand at end of fiscal year.....	20
Chickens killed, fiscal year, pounds.....	83
Broilers killed, number in fiscal year.....	73
Estimated value.....	\$33.65
Chickens purchased, pounds.....	563
Average price per pound.....	\$0.146
Number of chickens purchased.....	155
Average purchase price, each.....	\$0.336
Turkeys purchased, pounds.....	1,617
Average price per pound.....	\$0.127
Ducks purchased, pounds.....	140
Average price per pound.....	\$0.155
Per capita cost.....	\$0.358
Total cost	\$359.42

WILLARD STATE HOSPITAL.

On hand at the end of the year, fowls, 803; turkeys, 65; ducks, 56; geese, 67.

Killed during the year: Chickens, 228 pounds; turkeys, 348 pounds; geese, 140 pounds; total, 752. Estimated value, \$82.88.

Chickens purchased, 4,245 pounds, at \$0.0797.....	\$338 64
Turkeys purchased, 1,602 pounds, at \$0.0957.....	153 45
Ducks purchased, 28 pounds, at \$0.09.....	2 52

Total cost.....	\$494 61
Per capita cost.....	\$0.2305

Review of State Hospitals—Special Reports of Superintendents.

HUDSON RIVER STATE HOSPITAL.

Number of chickens on hand at the end of the year.....	300
Chickens killed during year.....	123
Estimated value per chicken.....	75
Total value	\$92.95

Poultry purchased as follows:

	Pounds purchased.	Average purchase price.	Per capita cost.	Total cost.
Turkey	4,000	\$0.1226	\$0.33	\$490 64
Chicken	1,739	.133	.156	231 40
Duck	224	.11	.025	36 85

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

There was no poultry on hand at the end of the fiscal year, and no poultry was killed during the year.

Number of pounds of chicken purchased, 3,062; average price per pound, \$0.117; total cost of the same, \$363.57; per capita cost, \$0.331.

Number of pounds of turkey purchased, 3,333; average price per pound, \$0.134; total cost of the same, \$449.42; per capita cost, \$0.41.

BUFFALO STATE HOSPITAL.

	Quantity.	Price.	Total cost.
Chicken on hand, pounds.....	112	.....	.....
Poultry killed (chicken), pounds...	283	.13	\$36 79
Purchased chicken, pounds.....	1,200 $\frac{1}{4}$	.1222	146 71
Turkey, pounds.....	1,322 $\frac{1}{2}$	.1241	164 05
Duck, pounds.....	29	.15	4 35
Total cost.			\$315 11
Per capita cost per day.....			.001

BINGHAMTON STATE HOSPITAL.

Quantity of turkey purchased was, pounds.....	2,980
Average purchase price of turkey was.....	\$0.13
Quantity of chicken purchased, pounds.....	1,385 $\frac{1}{2}$

Review of State Hospitals—Special Reports of Superintendents.

Average purchase price of chicken was.....	\$0.14
Total cost of poultry was.....	\$578.01
Per capita cost was.....	\$0.47

ST. LAWRENCE STATE HOSPITAL.

No. on hand.	Slaughtered.	Weight.	Value.
Turkeys, 111.....	27	376	\$56 40
Chickens, 160.....	128	96	11 52
Total	155	471	\$67 92

	Average cost.	Per. capita.	Total cost.
Turkeys purchased, pounds 3,373.5..	.1344	.393	\$453 62
Chickens purchased, pounds, 4,284.75,	.124	.447	576 26
Geese purchased, pounds, 758.....	.1063	.0701	80 88
			\$1,110 76

ROCHESTER STATE HOSPITAL.

No poultry kept.

Turkey purchased, pounds, 628, at \$0.141.....	\$88 68
Chicken purchased, pounds, 5,352, at \$0.136.....	730 23
Total	\$818 91
Per capita cost.....	1 77

MATTEAWAN STATE HOSPITAL.

We have no live poultry on the farm.

Poultry purchased, fowls, pounds.....	800
Average price.....	\$0.09
Annual per capita cost.....	\$0.146
Total cost	\$72.00
Turkeys, pounds	500
Average price	\$0.113
Annual per capita cost.....	\$0.115
Total cost	\$56.50

Review of State Hospitals—Special Reports of Superintendents.

47. State the quantity, in dozens, of eggs produced during the fiscal year, the estimated value of the same; also the quantity purchased, the average price per dozen, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Number of eggs produced, dozens.....	1,139
Estimated value	\$182.24
Eggs, purchased, dozens.....	12,334
Average price per dozen.....	\$0.14
Per capita cost.....	\$1.71
Total cost	\$1,732.51

WILLARD STATE HOSPITAL.

Eggs produced during the fiscal year, dozens.....	3,297
Estimated value.....	\$527.52
Eggs purchased.....	474,915
Cost per dozen.....	\$0.1142
Total cost	\$6,196.06
Per capita cost.....	\$2.831

HUDSON RIVER STATE HOSPITAL.

Eggs produced during the year, dozens.....	475
Estimated value	\$114
Eggs purchased, dozens.....	53,661
Average price per dozen.....	\$0.179
Per capita cost.....	\$7.167
Total cost	\$10,628.74

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Number of dozens of eggs purchased, 23,859; average price per dozen, \$0.187; per capita cost of the same, \$4.356; total cost, \$4,473.50.

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

	Price.	Total cost.
Eggs produced during the year, dozen, 146 $\frac{1}{4}$,	\$0.18	\$26 32
Eggs purchased, dozens, 18,458.....	.1739	3,210 99
Per capita cost per day.....		\$0.0011

BINGHAMTON STATE HOSPITAL.

Quantity of eggs purchased during the year was,	
dozens.....	25,032
Average purchase price of eggs was, dozen.....	\$0.179
Per capita cost of eggs was.....	\$3.67
Total cost of eggs was.....	\$4,485.30

ST. LAWRENCE STATE HOSPITAL.

Eggs produced, 441 dozen; value, \$66.15.			
	Average price per dozen.	Per capita.	Total cost.
Eggs purchased, dozens, 32,994..	\$0.148	\$4.257	\$4,909 00

ROCHESTER STATE HOSPITAL.

No eggs produced.	
Eggs purchased, dozens, 10,258, at \$0.157.....	\$1,610 69
Per capita cost.....	\$3 49

MATTEAWAN STATE HOSPITAL.

We produced no eggs during the year.	
Eggs purchased, dozens.....	6,762
Average price per dozen.....	\$0.1829
Annual per capita cost.....	\$2.52
Total.....	\$1,237.08

Review of State Hospitals—Special Reports of Superintendents.

48. State the number of barrels of flour purchased during the fiscal year, the grades or brands, the average price per barrel, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Number barrels flour purchased.....	1,382 $\frac{1}{4}$
Grades as follows:	
Flour, first patent, Minnesota, barrels.....	1,253
Average price per barrel.....	\$3.65
Graham flour, barrels.....	75
Average price per barrel.....	\$2.72
Pastry flour, barrels.....	30
Average price per barrel.....	\$3.45
Rye flour, barrels.....	14
Average price per barrel.....	\$3.20
Buckwheat flour, barrels.....	10
Average price per barrel.....	\$3.60
Entire wheat flour, barrel.....	$\frac{1}{4}$
Average price per barrel.....	\$7.00
Per capita cost.....	\$4.94
Total cost.	<u><u>\$4,963.95</u></u>

WILLARD STATE HOSPITAL.

No flour purchased. The hospital was supplied by purchasing wheat and grinding same; also by the purchase of bread.

HUDSON RIVER STATE HOSPITAL.

The number of barrels of flour purchased during the year was 2,044. The grades of barrels were, Gold Medal, Imperial, Christian Sup'r Diamond and Climax. The average price per barrel was \$3.588; per capita cost, \$4.945; and the total cost, \$7,334.80. We also purchased 60 barrels of Carr's graham flour, at \$2.955 per barrel, making a per capita cost of \$0.119, and a total cost, \$177.31.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

The grade of flour used for white bread throughout the year has been Minnesota spring wheat, a No. 1 flour, made by the patent process. The brands of flour used have been: White Seal, Regent, Crescent, and Washburn's No. 1. For graham bread we use Arlington wheat meal, purchased direct from the mills at Arlington, Mass. The rye flour that we use here is fresh, not old rye.

Barrels.	Average cost per barrel.	Per capita cost.	Total cost.
Wheat, 1,200.....	\$3.65	\$4.265	\$4,380.00
Wheat meal, 80.....	3.50	.272	280.00
Rye, 40.....	3.119	.121	124.75

BUFFALO STATE HOSPITAL.

Flour purchased:

	Barrels.	Price.	Total cost.
"Gold Medal" flour.....	1,125	\$3.6666	\$4,125.00
Graham flour.....	45	2.9944	134.75

Total cost..... \$4,259.75

Per capita cost per day..... \$0.0148

BINGHAMTON STATE HOSPITAL.

The grades used were as follows: "Gold Medal," "Washburn's No. 1, Patent," "Graham."

Quantity of flour purchased was, barrels.....	1,741
Average price per barrel was.....	\$3.52
Per capita cost was.....	5.01
Total cost was.....	<u>\$6,125.80</u>

ST. LAWRENCE STATE HOSPITAL.

	Barrels.	Average cost per barrel.	Per capita.	Total cost.
Flour (pastry).	97	\$3.04	\$2.253	\$294.90
Flour (Minnesota Patent)	1,686	3.529	5.161	5,950.85
				<u>\$6,245.75</u>

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

675 barrels Minnesota spring patent flour, \$3.40.....	\$2,295.90
Per capita cost.....	4.98

MATTEAWAN STATE HOSPITAL.

We have purchased flour as follows:

Best patent flour made from No. 1 hard Minnesota spring wheat, barrels.	842
Graham flour, barrels.	14
Total, barrels.	856
Average price per barrel.	\$3.482
Annual per capita cost.	\$6.071
Total cost.	\$2,980.60

49. State the frequency with which bread is baked in the hospital, the length of time after baking before it is served, and the kinds of bread, including biscuits, gingerbread, etc., that are supplied to patients.

UTICA STATE HOSPITAL.

Bread is baked every day, Sundays and holidays excepted. It is served from 24 to 36 hours after baking. Kinds baked include roll bread, brown, corn, molasses cookies, biscuits; loaf cake for all holidays.

WILLARD STATE HOSPITAL.

Bread is now baked six days per week, and used the day after baking. The following kinds of bread are supplied: Wheat and brown bread, gingerbread for supper Sunday, biscuits for dinner Monday, rusks for supper Tuesday, sweet cake with raisins and currants Thursday.

HUDSON RIVER HOSPITAL.

Wheat bread and rolls are baked ever day but Sunday and served the next day after baking. Graham bread is made every other day. We also serve patients with rusks, gingercakes and pies once a week.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

(a) Bread is baked at this institution every day throughout the year except Sunday.

(b) It is served from 12 to 24 hours after baking.

(c) We use three kinds of bread for the patients every day in the year, and at each meal, namely, white bread, graham bread and rye bread. Corn bread is furnished once a week to the entire establishment; rolls for breakfast twice a week, and gingerbread or some other kind of cake twice each week.

BUFFALO STATE HOSPITAL.

Bread is baked each day, except Sunday, and served after 24 hours.

Kinds of bread: White and graham bread, rolls, gingerbread, jelly cake, cookies, gingersnaps.

BINGHAMTON STATE HOSPITAL.

There is daily baking. Bread, gingerbread, etc., are served 24 hours after baking. Wheat and graham bread, gingerbread, biscuits and fried cakes are supplied to patients.

ST. LAWRENCE STATE HOSPITAL.

Bread is baked daily except Sundays, and is served from 18 to 24 hours after baking. Patients are occasionally served with warm biscuits and cake baked in the kitchens. Gingerbread is served once a week from the bakery.

ROCHESTER STATE HOSPITAL.

Nine bakings cover a period of two weeks. Bread is served 24 hours after baking. Wheat bread, graham bread, raised biscuit, baking powder biscuit, sugar cookies, molasses cookies, gingerbread, johnny cake, dumplings (steamed), and pies are the varieties supplied to patients.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

Bread is baked every day of the week, excepting Sundays. On three days of the week there is one baking and on the other alternate days there are two bakings. The bread is served from 36 to 48 hours after baking. The kinds of bread are, a white bread made from the best patent Minnesota wheat flour, and graham bread, which is baked once a week. We also supply biscuits, molosses cookies and buns.

50. State the quantities, in pounds, and the varieties, of teas purchased during the fiscal year, the average price per pound of each, and the per capita and total cost of the same.

UTICA STATE HOSPITAL.

Oolong tea purchased, pounds.....	2,732
Average price per pound.....	\$0.25
Japan tea purchased, pounds.....	3,152
Average price per pound.....	\$0.243
English breakfast tea purchased, pounds.....	30
Average price per pound.....	\$0.79
Per capita cost.....	\$1.47
Total cost.....	\$1,476.34

WILLARD STATE HOSPITAL.

	Pounds.	Average cost.	Per capita.	Total.
Tea, Oolong.....	6,967	\$0.25	.....	.....
Tea, Young Hyson.....	553	.40	\$0.899	\$1,968.95

HUDSON RIVED STATE HOSPITAL.

	Pounds purchased.	Average price per pound.	Per capita cost.	Total cost.
Formosa Oolong.....	5,230	\$0.2409	\$0.849	\$1,260.14

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Variety of tea used. Formosa Oolong; number of pounds purchased, 2,056; average price per pound, \$0.252; per capita cost of same, \$0.506; total cost, \$519.87.

BUFFALO STATE HOSPITAL.

	Pounds.	Price.	Cost.
Tea, black.....	5,260	\$0.25	\$1,315
Tea, mixed.....	60	.50	30
Total cost.....			\$1,345
Per capita cost per day.....			\$0.0046

BINGHAMTON STATE HOSPITAL.

Quantity of Formosa Oolong purchased.....	7,968½
Average price per pound of Formosa Oolong.....	\$0.244
Quantity of Young Hyson purchased during year....	90
Average price per pound of Young Hyson.....	\$0.35
Per capita cost of tea.....	\$1.62
Total cost of tea.....	\$1,979.74

ST. LAWRENCE STATE HOSPITAL.

	Pounds.	Average price.	Per capita.	Total cost.
Japan tea.....	612	\$0.2857	\$0.151	\$174 84
Oolong tea.....	4,601	.25	1.006	1,160 86
				\$1,335 70

ROCHESTER STATE HOSPITAL.

	Pounds.	Average price.	Cost.
Formosa Oolong tea.....	1,828	\$0.2505	\$458 05
Basket fired Japan tea.....	89	.4123	36 70
Total.....			\$494 75
Per capita cost.....			\$1.07

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

We have used two varieties of tea, both Oolong, purchased as follows:

Oolong tea, pounds.....	2,399
Average price per pound.....	\$0.2112
Annual per capita cost per pound.....	\$1.032
Total cost.	<u>\$506 82</u>

51. State the quantities, in pounds, and the varieties of coffees purchased during the fiscal year, the average price per pound of each kind, and the per capita and total cost thereof; also whether coffee is purchased in the berry or otherwise.

UTICA STATE HOSPITAL.

Rio coffee purchased, pounds.....	9,700
Average price per pound.....	\$0.224
Java coffee purchased, pounds.....	825
Average price per pound.....	\$0.30
Per capita cost.....	\$2.40
Total cost.	<u>\$2,434.10</u>

Coffee is purchased in the berry, roasted.

WILLARD STATE HOSPITAL.

Purchased 29,952 pounds roasted Rio coffee at an average cost of 22 cents, and 1,050 pounds roasted Java, average cost 29.9 cents. Per capita cost, \$3.16. Total cost, \$6,932.89.

HUDSON RIVER STATE HOSPITAL.

	Pounds purchased.	Average price.
Rio coffee.	26,886	.219
Java coffee.	640	.291
Imperial.	60	.275
Per capita cost.....		\$4.123
Total cost.		<u>\$6,114 38</u>

Coffee is purchased in the berry.

Review of State Hospitals—Special Reports of Superintendents.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Variety.	Number of pounds.	Average price per pound.	Per capita cost.	Total cost.
Java.	1,875	\$0.298	\$0.504	\$553 01
Rio.	11,395	.219	2.282	2,503 54
Maracaibo.	1,200	.253	.276	303 50

All coffee is purchased in the berry.

BUFFALO STATE HOSPITAL.

	Pounds.	Average price.	Cost.
Rio coffee, pounds.	9,095	.2171	\$1,974 99
Mocha and Java coffee, pounds.	371½	.3087	114 70
Total cost.			\$2,089 69

Per capita cost per day, .0072.

Coffee is purchased in the berry.

BINGHAMTON STATE HOSPITAL.

Quantity of Rio purchased, pounds.	14,207
Average price per pound of Rio. . . . .	.22
Quantity of Java purchased, pounds.	865
Average price per pound of Java.	\$0.32
Per capita cost of coffee.	2 80
Total cost of coffee.	3,424 78

Coffee was purchased in the berry.

ST. LAWRENCE STATE HOSPITAL.

	Pounds.	Average price.	Per capita.	Total cost.
Rio coffee.	18,900	\$.219	\$3.595	\$4,144 25
Java coffee.	1,000	.30	.26	300 00
				\$4,444 25

Coffee is purchased in the berry roasted, but it is ground on the premises as used.

Review of State Hospitals—Special Reports of Superintendents.

ROCHESTER STATE HOSPITAL.

Rio coffee, roasted (7,566 pounds at \$0.22).....	\$1,667 27
Maracaibo coffee, roasted (147 pounds at \$0.27).....	39 69
Mocha coffee, roasted (73 pounds at \$0.27).....	19 71
Java coffee, roasted (364 pounds at \$0.335).....	121 96
<hr/>	
Total.....	\$1,848 63
Per capita cost.....	4.010
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All coffee purchased in the berry.

MATTEAWAN STATE HOSPITAL.

We have used two varieties of coffee, as follows:

Rio coffee, pounds.....	4,245
Average price per pound.....	\$0.23233
Annual per capita cost.....	\$2.009
Total cost.....	\$986 26
Java coffee, pounds.....	909
Average price per pound.....	\$0.29378
Annual per capita cost.....	\$0.544
Total cost.....	\$267 05
<hr/> <hr/>	

Coffee is purchased in the roasted berry, and ground at the hospital.

52. State the quantities, in pounds, and the grades of sugars purchased during the fiscal year, the average price per pound of each grade, and the per capita and total cost thereof.

UTICA STATE HOSPITAL.

Granulated sugar (fine), purchased, pounds.....	49,633
Average price per pound.....	\$0.0451
Powdered sugar purchased, pounds	350
Average price per pound.....	\$0.051

Review of State Hospitals—Special Reports of Superintendents.

Cut loaf sugar purchased, pounds.....	300
Average price per pound	\$0.0506
Per capita cost	2.26
Total cost	2,271.68

WILLARD STATE HOSPITAL.

Purchased sugar as follows:

	Average price.
Fine granulated, 109,285 pounds.....	\$0.0449
Extra C, 4,614 pounds.....	.042
Cut loaf, 879 pounds .....	.0445
"A," 4,240 pounds .....	.0407
Powdered, 688 pounds .....	.0454

Total cost, including freight, \$362.28; per capita cost, \$2.43.

HUDSON RIVER STATE HOSPITAL.

	Pounds purchased.	Average purchase price.
Granulated.....	70,345	\$0.0458
Powdered.....	2,659	.0488
Extra "C"	6,397	.0445
Cut.....	727	.0493
Per capita cost		\$2.48
Total cost.		3,679.05

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Variety.	Number of pounds.	Average price per pound.	Per capita cost.	Total cost.
Granulated	62,738	\$0.044	\$2.552	\$2,789.50
Cut	200	.054	.01	10.75
Pulverized	184	.052	.009	9.51
Extra "C"	800	.041	.03	33.20

Review of State Hospitals—Special Reports of Superintendents.

BUFFALO STATE HOSPITAL.

Purchases:

	Pounds.	Cost per 100 lbs.	Total cost.
Sugar, granulated	39,673	\$4.6737	\$1,854.22
Sugar, pulverized.....	100	.....	5.50
Sugar, cut loaf	425	5.376	22.85
			<hr/>
Total cost			\$1,882.57
Per capita cost per day .....			.0065
			<hr/> <hr/>

BINGHAMTON STATE HOSPITAL.

Quantity of granulated sugar purchased, 63,205 pounds; average price per pound of granulated sugar, \$0.0478; quantity of cut loaf sugar purchased, 1,050 pounds; average price per pound of cut loaf sugar, \$0.0526; quantity of powdered sugar purchased, 1,034 pounds; average price per pound of powdered sugar, \$0.0470, per capita cost of sugar, \$2.50; total cost of sugar, \$3,131.02.

ST. LAWRENCE STATE HOSPITAL.

Grade.	Pounds.	Average price per pound.	Per capita.	Total cost.
Granulated.	61,636	\$0.04713	\$2.519	\$2,904.96
Cube	753	.0504	.033	38.01
Extra "C"	4,667	.0404	.146	188.80
Pulverized	452	.052	.02	23.52
				<hr/>
Total cost				\$3,155.29
				<hr/> <hr/>

ROCHESTER STATE HOSPITAL.

Granulated sugar, 21,369 pounds, at \$0.0448.....	\$958.10
Powdered sugar, 620 pounds, at \$0.0492	30.54
Cut loaf sugar, 200 pounds, at \$0.05.....	10.13
<hr/>	
Total	\$998.77
Per capita cost	\$2.14
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Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

Sugar has been purchased and used as follows:

Sugar, white extra "C," pounds	30,756
Average price per pound	\$0.0407
Annual per capita cost	\$2.550
Total cost	\$1,251.93
Sugar, white "A," pounds	11,325
Average price per pound	\$0.04192
Annual per capita cost	\$0.967
Total cost	\$474.85
Sugar, granulated, pounds	1,354
Average price per pound	\$0.04409
Annual per capita cost	\$0.121
Total cost	\$59.70
Sugar, powdered, pounds	498
Average price	\$0.04813
Annual per capita cost .....	.048
Total cost	23.97
Sugar, cut loaf, pounds	504
Average price per pound	\$0.05375
Annual per capita cost .....	.055
Total cost	27.09

53. State the quantities, in pounds, and the grades of butter purchased during the fiscal year, the average price per pound of each grade, and the per capita and total cost thereof.

UTICA STATE HOSPITAL.

Butter purchased (State creamery), pounds	47,105
Average price per pound	\$0.208
Per capita cost	\$9.80
Total cost	\$9,839.20

Review of State Hospitals—Special Reports of Superintendents.

WILLARD STATE HOSPITAL.

Purchased butter as follows: State creamery, 97,850 pounds, at an average price of \$0.181; creamery, 15,636 pounds, at an average price of \$0.161; total cost, \$20,196.68; per capita cost, \$9.23.

HUDSON RIVER STATE HOSPITAL.

Best State dairy, 65,790 pounds; price, \$0.239; per capita cost, \$10.608; total, \$15,731.04.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

State dairy, 42,368 pounds; average price per pound, \$0.183; per capita cost, \$7.067; total cost, \$7,753.05. Elgin dairy, 9,436 pounds; average price per pound, \$0.182; per capita cost, \$1.569; total cost, \$1,721.08.

BUFFALO STATE HOSPITAL.

Purchases.—Creamery butter, 41,162 pounds, at \$0.2082 per pound, \$8,572.10; per capita cost per day, \$0.0296.

BINGHAMTON STATE HOSPITAL.

Quantity of creamery butter purchased, 68,844 pounds; average price per pound of the same, \$0.203; per capita cost of butter, \$11.44; total cost of butter, \$13,975.29.

ST. LAWRENCE STATE HOSPITAL.

Butter, 57,845 pounds; average price per pound, \$0.1767; per capita cost, \$8.865; total cost, \$10,222.10.

ROCHESTER STATE HOSPITAL.

Elgin creamery butter, 22,081 pounds at \$0.214, \$4,727.92; per capita cost, \$10.255.

MATTEAWAN STATE HOSPITAL.

We have used but one grade of butter which is given below:

Butter, prime dairy, half-firkin tubs, pounds.....	24,392
Average price per pound.....	\$0.19102
Annual per capita cost	9.492
Total cost	4,659.47

Review of State Hospitals—Special Reports of Superintendents.

54. State the quantities, in pounds, and the grades of cheese purchased during the fiscal year, the average price per pound of each grade, and the per capita and total cost thereof.

UTICA STATE HOSPITAL.

Cheese purchased (State full cream), pounds.....	8,812
Average price per pound	\$0.088
Per capita cost .....	.774
Total cost	775.46

WILLARD STATE HOSPITAL.

Purchased 32,302 pounds full-cream cheese, at average cost of .09 3-5 per pound; per capita cost, \$1.41; total cost, \$3,101.42.

HUDSON RIVER STATE HOSPITAL.

	Pounds.	Price.	Per capita cost.	Total.
Full-cream cheese.....	8,726	.097	.571	\$847 18

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Variety, full-cream; number of pounds, 5,722; average price per pound, \$.094; per capita cost, \$.493; total cost, \$541.62.

BUFFALO STATE HOSPITAL.

	Pounds.	Price.	Total cost.
Cheese, pounds.	3,754	.1008	\$378 48

Per capita cost per day, .0013.

BINGHAMTON STATE HOSPITAL.

Quantity of full-cream cheese purchased, pounds.....	10,453
Average price per pound of cheese.....	.098
Per capita cost of cheese.....	.84
Total cost of cheese.....	\$1,021 67

Review of State Hospitals — Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

	Pounds.	Average price per pound.	Per ca. ita.	Total cost.
Cheese, pounds.	14,118	.0908	\$1.111	\$1,281 92

ROCHESTER STATE HOSPITAL.

Full-cream cheese (8,746 pounds at \$0.1019) \$891 25

Per capita cost, \$1.93.

MATTEAWAN STATE HOSPITAL.

Cheese, State, full-cream, pounds.	112
Average price.	\$.085
Annual per capita cost. . . . .	.019
Total cost.	\$9 52

55. State the kinds, and quantities, in gallons, of alcoholic liquors, such as whiskey, brandy, wines, ale, beer, etc., purchased during the fiscal year, the price paid per gallon of each, and the per capita and total cost thereof.

UTICA STATE HOSPITAL.

Whiskey purchased, gallons.	252
Average price per gallon.	\$2 36
Brandy purchased, gallons.	88½
Average price per gallon.	\$1 98
Ale, purchased, barrels.	3
Average price per barrel.	9 00
Sherry wine purchased, gallons.	100
Average price per gallon.	\$1.812
Port wine purchased, gallons.	15
Average price per gallon.	\$1 75
Gin purchased, gallons.	2

Review of State Hospitals—Special Reports of Superintendents.

Average price per gallon.....	\$2 00
Per capita cost.....	\$1.0065
Total cost.	\$1,010 60

WILLARD STATE HOSPITAL.

Whiskey, 168 59-100 gallons, at.....	\$2 32
Brandy, 6 gallons, at.....	3 50
Wine, 526½ gallons, at.....	75
Alcohol, 47 95-100 gallons, at.....	2 05
Total cost.	\$913 97
Per capita cost.....	\$0.41

HUDSON RIVER STATE HOSPITAL.

	Amount.	Price.
Rye whiskey, gallons.....	12	\$2 75
Pepper whiskey, gallons.....	211.66	2 40
Gibson whiskey, gallons.....	47½	2 85
Sherry (Cozen's) gallons.....	47	3 50
Brandy, bottles.	1	2 50
India Pale Ale (Evans'), dozens.....	20	1 25
Per capita cost.....		\$0.585
Total cost.		\$867 61

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Variety.	Number of gallons.	Average price per gallon.	Per capita cost.	Total cost.
Brandy.	29½	\$3.00	\$0.03	\$88 50
Whiskey.	62½	2.569	.146	160 55
Sherry.	20	3.50	.063	70 00

BUFFALO STATE HOSPITAL.

	Gallons.	Price.	Total cost.
Alcohol.	14½	\$2.55	\$36 98
Whiskey.	81	2.54	206 00
Wine.	73	1.237	90 33
Total cost.....			\$333.31
Per capita cost per day.....			.0011

Review of State Hospitals—Special Reports of Superintendents.

BINGHAMTON STATE HOSPITAL.

Quantity of whiskey purchased, gallons.....	200.38
Average price per gallon of whiskey.....	\$2 43
Quantity of brandy purchased, gallons.....	39½
Average price per gallon of brandy.....	\$3 00
Quantity of wine purchased, gallons.....	51
Average price per gallon of wine.....	\$2 25
Per capita cost of alcoholic liquors.....	59
Total cost of alcoholic liquors.....	\$719 80

Kinds of whiskey used, "Mt. Vernon" and "Old Pepper."

Kind of brandy used, California.

Kind of wine used, sherry and port.

ST. LAWRENCE STATE HOSPITAL.

	Gallons.	Average price per gallon.	Per capita.	Total cost.
Whiskey.....	254	\$2.257	\$0.497	\$573 50
Brandy.....	5	3.00	.013	15 00
Alcohol.....	94	2.355	.191	221 10
Port wine.....	40	1.75	.062	70 00
Catawba wine.....	244.5	.826	.175	201 98
				<u>\$1,081 58</u>

ROCHESTER STATE HOSPITAL.

Maryland rye whiskey, four years old (9 gallons at \$3)...	\$27 00
Cognac brandy (2½ gallons at \$4.58).....	11 45
Total.....	\$38 45
Per capita cost.....	.083

MATTEAWAN STATE HOSPITAL.

We have not used any ale or beer during the year, and only about three gallons of brandy, at an average cost of \$4 per gallon. We have purchased whiskey and wine as follows:

Rye whiskey, gallons.....	41½
Average price per gallon.....	\$2.08289

Review of State Hospitals—Special Reports of Superintendents.

Annual per capita cost.....	.176
Total cost.....	\$86 44
Wine, gallons.....	57
Average price per gallon.....	\$0.69964
Annual per capita cost.....	.081
Total cost.....	\$39 88

56. State the per capita and total cost of medicines and medical stores, other than alcoholic liquors, purchased during the fiscal year.

UTICA STATE HOSPITAL.

Per capita cost of medicines and medical stores, other than alcoholic liquors.....	\$1.795
Total cost of above.....	\$1,803 64

WILLARD STATE HOSPITAL.

Total cost, \$1,212.37; per capita cost, \$0.55.

HUDSON RIVER STATE HOSPITAL.

Per capita cost of medicines and medical stores, other than alcoholic liquors, purchased during year.....	\$1.798
Total cost.....	\$2,666 33

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

Per capita cost, \$1,763; total cost, \$1,933.76.

BUFFALO STATE HOSPITAL.

Total cost, \$1,636.31; per capita cost per day, \$0.0056.

BINGHAMTON STATE HOSPITAL.

Per capita cost of medical stores was, \$1.35; total cost of medical stores was, \$1,655.34.

Review of State Hospitals—Special Reports of Superintendents.

ST. LAWRENCE STATE HOSPITAL.

Total cost, \$2,572.39; per capita cost, \$2.23.

ROCHESTER STATE HOSPITAL.

Total cost of medicine and medical supplies other than alcoholic liquors, \$731.98; per capita cost, \$1.587.

MATTEAWAN STATE HOSPITAL.

The annual per capita cost of medical stores was, \$1.79; the total cost exclusive of alcoholic liquors was \$879. 96.

57. State the practice of the hospital respecting the purchase of staple articles of supplies, that is, whether in the open market or by contract let to the lowest responsible bidder, after suitable advertisement.

UTICA STATE HOSPITAL.

The practice of the hospital respecting staple supplies is as follows:

Copies of our monthly requisition are sent to dealers in this and other cities for their "lowest quotations." Contracts are awarded to the lowest responsible bidder.

WILLARD STATE HOSPITAL.

Coal has been purchased by contract; other supplies in the open market.

HUDSON RIVER STATE HOSPITAL.

During the last six months, the meat was purchased by bids, after advertising; butter, milk, individual and bath towels, blankets, and incandescent lamps were purchased on contract without advertising. Other articles were purchased in the open market after soliciting bids from several parties, where there was any considerable quantity required.

Review of State Hospitals—Special Reports of Superintendents.**MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.**

We always seek to purchase staple articles for the hospital after competitive bids have been secured from the most reliable and extensive firms. We send our proposals for what we need to a considerable list of applicants. We put the name of every applicant who desires to make a bid on this list, and send a monthly proposal. In this way we reach more firms scattered throughout the State, than if an advertisement were inserted in one of the local daily papers. If we advertise for proposals to erect new buildings, or repair old ones, the contracts are always let to the lowest responsible bidder by the farm and building committee of the board of trustees.

BUFFALO STATE HOSPITAL.

Staple articles of supply are purchased on bid from the lowest responsible bidder, on competitive bid, submitted each month for the following month.

BINGHAMTON STATE HOSPITAL.

Contracts are made for the purchase of coal, meat, blankets, towels, and electric lamps. Other staple articles of supplies are purchased in the open market.

ST. LAWRENCE STATE HOSPITAL.

All staple articles of supplies are bought of the lowest bidder after suitable advertisement, or a request from a number of firms for competitive prices. Time contracts are made in the case of beef and meats and butter and coal.

ROCHESTER STATE HOSPITAL.

Competitive proposals are secured for all articles that can be named definitely as to kind and quality, and purchases are made from the lowest bidders.

Purchases involving large amounts are made by contracts let to the lowest responsible bidders after suitable advertisement.

Other goods are purchased in the open market.

Review of State Hospitals—Special Reports of Superintendents.

MATTEAWAN STATE HOSPITAL.

It was formerly our custom to purchase meat supplies through contracts made annually with the lowest bidder after proposals had been invited by the hospital from several wholesale firms. During the past year we have made such contracts at periods varying from three to six months. It was formerly our practice also in the matter of obtaining grocery supplies, to ask for competitive bids upon schedules furnished by the hospital every three months. Since our numbers have increased we have reduced the period to two months. Our practice is to prepare a list of suitable supplies needed and to invite bids from wholesale dealers in Poughkeepsie, Newburgh, New York and elsewhere. The steward is directed to select the goods from samples and prices. Such samples as are presented are prepared by the storekeeper; the names of the firm submitting such samples being withheld from the person selecting the goods until after the award has been made. We have not thought it advisable to advertise for bids on general supplies but have endeavored to reach a large number of firms and have sent our schedules to all parties requesting them.

In the matter of coal purchases, however, we advertise annually, and make a contract usually in the spring for a year's supply of anthracite grate coal after suitable advertisement.

GENERAL REVIEW.

OPERATIONS OF STATE HOSPITAL SYSTEM.

Medical Service.

INSTITUTIONS.	Number of physi- cians.	Ratio of physicians to patients.	Annual per capita cost of medical service.
Utica State Hospital	6	1 to 167	\$11 45
Willard State Hospital	9	1 to 243	7 51
Hudson River State Hospital	8	1 to 165	10 23
Middletown State Homeopathic Hos- pital	6	1 to 183	12 21
Buffalo State Hospital	5	1 to 160	17 62
Binghamton State Hospital	7	1 to 174	11 18
St. Lawrence State Hospital	7	1 to 179	10 59
Rochester State Hospital	4	1 to 115	18 92
Matteawan State Hospital	4	1 to 128.5	13 95
Total	56	.....	.....
Average .....	.....	1 to 176.7	\$13 26

Employees.

INSTITUTIONS.	Total number of em- ployees.	Ratio of all employees to patients.	Ratio of attendants to patients.	Annual per capita cost of all em- ployees.
Utica State Hospital	217	1 to 4.06	1 to 9	\$71 75
Willard State Hospital	466	1 to 7.7	1 to 10.5	50 60
Hudson River State Hospital	357	1 to 4	1 to 7	71 57
Middletown State Homeo- pathic Hospital	236	1 to 4.65	1 to 7.89	65 07
Buffalo State Hospital	168	1 to 4.76	1 to 9.87	63 07
Binghamton State Hospital	308	1 to 4	1 to 6.4	81 08
St. Lawrence State Hospital	329	1 to 4	1 to 7.12	64 71
Rochester State Hospital	113	1 to 4.06	1 to 7.18	72 19
Matteawan State Hospital	96	1 to 5.11	1 to 6.82	62 42
Total	2,290	.....	.....	.....
Average	254	1 to 4.32	1 to 7.97	\$63 86

Operations of State Hospital System.

Fuel and Light.

INSTITUTIONS.	Total annual cost.	Annual per capita cost.
Utica State Hospital	\$13,309 02	\$13 26
Willard State Hospital.....	23,338 28	10 66
Hudson River State Hospital.....	24,955 53	16 82
Middletown State Homeopathic Hospital..	23,949 21	21 83
Buffalo State Hospital.....	10,164 34	12 71
Binghamton State Hospital.....	23,739 71	19 42
St. Lawrence State Hospital.....	38,280 04	33 23
Rochester State Hospital.....	8,331 26	18 12
Matteawan State Hospital.....	14,468 79	29 48
Average	\$20,059 57	\$18 24

Recoveries.

INSTITUTIONS.	On number admitted.	On average daily population.	On whole number treated.	On number discharged.
Utica State Hospital.....	23.85	9.36	6.74	23.44
Willard State Hospital.....	17.5	2.7	2.4	19.55
Hudson River State Hospital	21	8.5	6.75	25
Middletown State Homeopathic Hospital	38.12	9.66	8	50.47
Buffalo State Hospital	21.10	12.75	8.79	35.05
Binghamton State Hospital.	28	5	4	28
St. Lawrence State Hospital.	15	5.9	4.4	23.31
Rochester State Hospital...	15.30	6.52	4.75	19.73
Matteawan State Hospital ..	32.41	9.57	7.85	55.29
Average	22.81	6.98	5.44	28.27

Operations of State Hospital System.

Deaths.

INSTITUTIONS.	On number admitted.	On average daily population.	On whole number treated.	On number discharged.
Utica State Hospital.....	24.87	9.76	7.03	24.43
Willard State Hospital.....	41	6.5	5.6	45.7
Hudson River State Hospital	26	10	6	30.65
Middletown State Homeo- pathic Hospital,.....	29.14	7.47	6.18	39.04
Buffalo State Hospital.....	16	9.125	6.29	25
Binghamton State Hospital.	37	6.7	5.7	38.8
St. Lawrence State Hospital.	28	11	8.3	43
Rochester State Hospital...	28.06	11.96	8.71	36.18
Matteawan State Hospital..	13.10	3.87	3.17	22.35
Average	27.36	8.37	6.97	33.92

State Hospitals — Cost of Staple Articles.

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1894.

ARTICLES.	UTICA STATE HOSPITAL.		WILLARD STATE HOSPITAL.		HUDSON RIVER STATE HOSPITAL.		BUFFALO STATE HOSPITAL.		MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound.....	\$0.0672	\$16.08	\$0.0694	\$15.03	\$0.073	\$16.97	\$0.064	\$13.346	\$0.077	\$20.768
Poultry.....	.14	.358	.0841	.22	.127	.512	.123	.393	.137	.791
Wheat flour, per barrel* ..	3.595	4.86	2.66	.....	3.588	4.945	3.6408	5.324	3.65	4.265
Butter.....	.209	9.80	17.79	.....	.239	10.608	.208	10.715	.18	9.224
Cheese.....	.088	.774	.096	1.41	.097	.571	.1008	.473	.094	.493
Milk, gallon.....	.16	10.82	.16	7.02	.113	3.631	.16	6.864	.116	11.242
Eggs.....	.14	1.71	.1362	2.83	.179	7.167	.174	4.018	.187	4.356
Tea.....	.25	1.47	.2618	.89	.241	.849	.2338	1.081	.252	3.506
Coffee.....	.23	2.40	.2236	3.16	.221	4.133	.2208	2.611	.232	3.271
Sugar.....	.045	2.23	.0447	2.45	.045	2.48	.0408	2.353	.044	2.748
Liquors, distilled, per gallon.....	2.15	1.006	2.36	.18	2.649	.568	2.543	.2575	2.863	.242

* Owing to the destruction by fire of the bakery at Willard bread was purchased.

+ None purchased at Utica, Willard, Buffalo and Rochester. Estimated value during most of the year.

State Hospitals — Cost of Staple Articles.

Statement showing average purchase price, etc.— (Concluded).

ARTICLES.	BINGHAMTON STATE HOSPITAL.		ST. LAWRENCE STATE HOSPITAL.		ROCHESTER STATE HOSPITAL.		MATTEAUAW STATE HOSPITAL.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound	\$0.073	\$18.36	\$0.0533	\$13.626	\$0.062	\$11.32	\$0.075	\$17.4475
Poultry .....	.132	4.73	.132	1.023	.136	1.78	.098	.302
Wheat flour, per barrel	3.52	5.01	3.503	5.421	3.40	4.39	3.482	6.07
Butter .....	.303	11.44	1.767	8.865	.215	10.28	.19	9.492
Cheese .....	.098	.84	.0908	1.111	.102	1.94	.085	.02
Milk, gallon .....	.116	6.95	.101	5.188	.125	6.26	.136	2.618
Eggs .....	.179	3.67	.148	4.318	.1575	3.50	.1825	2.62
Tea .....	.245	1.62	.256	1.159	.255	1.0775	.215	1.032
Coffee .....	.227	2.80	.223	3.849	.225	4.02	.214	2.552
Sugar .....	.049	2.32	.0467	2.739	.045	2.17	.042	3.736
Liquors, distilled, per gallon	2.45	.50	2.293	.702	3.34	.0833	2.212	.20

PART II.

EXEMPTED COUNTY SYSTEM.

CHAPTER 26.

New York City Asylums for the Insane.

The Legislature of 1895 passed a bill for the conversion of the New York city insane asylums into the Manhattan State Hospital, and chapter 693 of the Laws of that year imposed a tax of one mill on all assessed real and personal property within the State for the maintenance of all the dependent insane and of all the hospitals, intending thereby to raise a sum sufficient to support the Manhattan State Hospital with the others. It was decided that this was a city bill which, pursuant to the new Constitution, required the approval of the mayor of New York before it could become a law. The city had refused to pay its portion of the State tax levied in 1893 for the general cost of maintenance of the insane, and in consequence the Attorney-General, on behalf of the State, was obliged to begin legal proceedings to compel payment. This suit was decided by the lower court in favor of the State, but at the time of the passage of the act it had not been reached in the general term on appeal. With the final determination yet pending, the Legislature, in order to enforce the State's claim, refused to pass the Manhattan Hospital bill until after it had been amended by insertion of a proviso that the city must first have paid its part of the tax. On account of this proviso the mayor of New York city refused to attach his approval to the bill, and, ignoring the mandate of the Constitution, returned it to the Governor without either his approval or disapproval, although he had publicly expressed himself in favor of State care for the city's insane; and for this reason, acting on the counsel of

New York City Asylums for the Insane.

his law adviser, the Governor, while cordially favoring the object of the bill, was constrained to let it fail for the lack of his signature. Meanwhile, as was to have been expected, the condition of the insane in the city asylums continued to deteriorate and become inferior even to that which prevailed in previous years — a result which, deplorable as it was, followed logically from the changed situation, since the commissioners of charities appointed by Mayor Strong, in view of the assured certainty that the city asylums would soon pass from their control into that of the State, resolved not to apply any more moneys appropriated for their department to the benefit of the city's insane than was absolutely necessary. Hence, as the previous allotments for this purpose had been quite inadequate, it was certain that the condition of the insane, pending final adjustment of the question, was bound to become worse than it had been even under former boards of charities and correction.

During the year the general term affirmed the decision of the lower court, and in December, 1895, the Court of Appeals upheld the constitutionality of the act, declaring that New York city must pay the tax levied upon it under the act of 1893, for the support of the State's dependent insane, notwithstanding the fact that it was at the same time required to support its own insane at its own expense. Early in the present session the Legislature again passed the act (chapter 2, Laws of 1896) for the creation of the Manhattan State Hospital, to become operative on the 28th day of February, 1896. The passage of this act fitly closes and consummates that most creditable series of humane legislation on behalf of the insane which began with the State care act of 1890, and it brings to a definite end the old and discredited system which had prevailed for many previous years.

For convenience of reference, the text of chapter 2 is here inserted.

New York City Asylums for the Insane.

CHAPTER 2.

AN ACT for the conversion of the New York city asylums for the insane into a state hospital, and to establish the Manhattan state hospital.

Accepted by the city.

BECAME a law January 28, 1896, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The institutions heretofore established and now known as the New York city asylums for the insane, located on Ward's island, in the city of New York, and at Central Islip, Suffolk county, New York, are hereby transferred to the custody and control of the Manhattan state hospital, which is hereby established and incorporated; and the insane persons who are inmates of the institutions so transferred, and those received thereafter, shall be provided for in accordance with the provisions of chapter one hundred and twenty-six, of the laws of eighteen hundred and ninety, of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three, of chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four and of chapter six hundred and ninety-three of the laws of eighteen hundred and ninety-five.

§ 2. For the purpose of carrying out the provisions of the preceding section of this act, the mayor, aldermen and commonalty of the city of New York are hereby authorized and directed to lease to the state of New York, at an annual rental of one dollar, the island known as Ward's island, now owned by the city of New York, together with all the buildings and improvements thereon and the equipment, fixtures and furniture of the asylums for the insane located on the said island; and the said mayor, aldermen and commonalty are also authorized and directed to convey to the state of New York for a consideration of one dollar, by warranty deed, to be approved as to its form and legal effect by the attorney-general, all of certain asylum lands at Central Islip, in Suffolk county, now owned by the city of New York, together with all the buildings and improvements thereon, and the equipment,

New York City Asylums for the Insane.

fixtures and furniture of the asylums for the insane located on the said land; both of the properties above specified being now used by the said city for the purposes of asylums or hospitals for the insane. The aforesaid lease and deed shall be executed by the comptroller of the city of New York, on behalf of the mayor aldermen and commonalty of the said city. The said lease shall continue and remain in full force and effect until the same shall either be surrendered by the state or terminated by the city of New York as hereinafter provided; and it shall provide that the lands, buildings and their appurtenances, and the personal property therein contained, shall be used by the state solely for the purpose of a state hospital for the insane; and all the furniture, stock and other personal property on hand for the use of the officers or inmates of the said asylums at the time of the passage of this act shall be transferred to and become the property of the state, according to the provisions of section eight of this act. The said lease may be surrendered at any time by the state, or the same may be terminated by the city of New York by fifteen years' notice, in writing, signed by the mayor of said city, to the comptroller of the state; but in case the said lease shall be so terminated by the city of New York, the said city shall pay to the state the value, at the time of such termination, of all buildings that may have been erected and of all improvements that may have been made by the state on the premises as to which the lease is terminated. The amount so to be paid shall be determined by appraisement of five competent, disinterested persons two of whom shall be named by the governor of the state of New York, two by the mayor of the city of New York, and the fifth by the four persons so named. The comptroller of the state is hereby authorized and directed to accept on behalf of the state a lease containing the foregoing provisions. In case the lease hereinbefore specified shall be surrendered or terminated, as hereinbefore provided, or otherwise, adequate provision shall thenceforth be made by the state for the care and custody of all insane persons who may be inmates of the institutions affected.

§ 3. Within ten days after the passage of this act, the governor, by and with the advice and consent of the senate, shall appoint

New York City Asylums for the Insane.

seven citizens, residents of the city of New York, two of whom shall be women, as a board of managers of said hospital; and the governor shall designate at the time of such appointment their respective terms of office with reference to the following classifications, namely: One of said managers shall serve for one year, one for two years, one for three years, one for four years, one for five years, one for six years, and one for seven years from the time of their appointment. The said persons shall hold no municipal or county office, nor legislative or any other state office during their term of office as manager. Any manager shall be subject to removal at any time by the governor for cause, an opportunity having been first given him to be heard in his defense. The successors in office of the managers aforesaid shall be appointed by the governor, by and with the advice and consent of the senate, and shall hold office for seven years and be subject to removal in the manner aforesaid. In case of a vacancy in said board, the governor, by and with the advice and consent of the senate, shall appoint a manager to fill the unexpired term.

§ 4. The said managers shall have all the rights and powers and be subject to the same duties as are now possessed by and imposed upon the managers of the Utica state hospital; and the Manhattan state hospital shall be organized and governed by the laws organizing and at present governing the Utica state hospital, except as may be herein or hereinafter otherwise provided.

§ 5. The said managers shall appoint a treasurer of said hospital who shall reside in the city of New York, and who shall give a bond for the faithful performance of his trust, in such sum and with such sureties as the comptroller of the state may prescribe and approve; also a general superintendent, who shall be a physician of at least five years' actual experience in the care and treatment of the insane, and who shall be selected in conformity with the requirements of the civil service laws and regulations of the state. The tenure of office of the present general superintendent of the asylums hereby transferred to the state shall continue during the pleasure of the managers, and the tenure of office of the other medical officers of the said asylums shall continue during the pleasure of the general superintendent.

New York City Asylums for the Insane.

§ 6. The managers shall make an annual report to the state commission in lunacy, giving an account of the work of the year and of the actual state and needs of the hospital. This report shall be accompanied by the annual reports of the general superintendent and of the treasurer; and all of these reports shall be incorporated in the annual report of said commission to the legislature.

§ 7. The general superintendent shall appoint, subject to the civil service laws and regulations of the state, and to the provisions of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three and of chapter six hundred and ninety-three of the laws of eighteen hundred and ninety-five, three medical superintendents, two of whom shall reside at Ward's island, one for the men's department and one for the women's department, and one at Central Islip; also a steward, and such number of matrons and assistant physicians as the necessities of the hospital shall from time to time require, all of whom and also the general and medical superintendents shall reside on the premises of said hospital and shall be designated the resident officers thereof; provided, however, that the proportion of assistant physicians shall not be less than one to every two hundred patients. The general superintendent shall also appoint, subject to the civil service laws and to the provisions of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three, of chapter three hundred and fifty-eight of the laws of eighteen hundred and ninety-four, and of chapter six hundred and ninety-three of the laws of eighteen hundred and ninety-five, such number of attendants and other subordinate employes as the necessities of the hospital may from time to time require.

§ 8. Upon the passage of this act the commissioners of public charities of the city of New York shall begin to close up the affairs of the said asylums, and within thirty days after the passage of this act, the said commissioners of public charities shall surrender to the possession and control of the managers of the state hospital hereby established, the lands and buildings specified in this act, together with all of their equipment, furniture, fixtures and stock which are in the possession or use of said

New York City Asylums for the Insane.

asylums at the date of the passage of this act. Upon surrendering possession of said property to said managers, the said commissioners of public charities shall cause to be made and filed with the said managers an itemized and true inventory in triplicate of all the property of whatsoever kind and nature so to be transferred, including any and all supplies then on hand for the use of said asylums; and the managers shall take possession of said property as herein provided, giving a receipt therefor in triplicate, which receipt shall be signed by the president of the board of managers. One copy of said inventory so receipted shall be filed with the general superintendent, one in the office of the state comptroller, and one copy shall be retained by the commissioners of public charities; and thereupon the said commissioners of public charities shall be relieved from further liability for the care and custody of the property so transferred.

§ 9. Such buildings and grounds on Hart's island and on Blackwell's island as may be occupied and used by the insane at the date of the passage of this act, together with their furniture, fixtures and stock, shall, at the expiration of thirty days thereafter, be under the control of the managers of the state hospital hereby established, until such time as sufficient accommodations for the inmates thereof shall have been provided by the state elsewhere; provided, however, that the control and use of said buildings and grounds by the state shall not exceed a period of five years.

§ 10. Any contracts for new buildings on Ward's island or at Central Islip, or for repairs to or renewals of buildings used by or for the insane on Ward's, Blackwell's and Hart's islands, and at Central Islip, which may be in existence at the date of the passage of this act, also any contracts for supplies for the New York city asylums for the insane for the year eighteen hundred and ninety-six, or for any portion of said year, shall remain in force and shall be fulfilled by the city of New York in accordance with the original terms and conditions of such contracts.

§ 11. The managers are hereby authorized to acquire by purchase or by lease, in the city of New York, at some point as nearly opposite Ward's island as may be available, a dock which shall be suitable for the purpose of a landing and a depot for the general use of the hospital; also to purchase or lease one or more suitable

New York City Asylums for the Insane.

steam ferryboats for the general use of said hospital; said purchases or leases to be subject to the approval of the state commission in lunacy.

§ 12. The general superintendent shall submit to the state commission in lunacy itemized monthly estimates for the maintenance of the hospital in the same form and in the same manner as the medical superintendents of the other state hospitals are now required by law to do.

§ 13. The commissioners of public charities of the city of New York shall continue to remove the dead bodies of insane patients from Ward's and Blackwell's islands, and to provide for the burial of the unclaimed dead as heretofore, and also to afford transportation by their steam ferryboats for such bodies as are claimed by friends at the hospital, such removal to be made within twenty-four hours after receipt of notice from the general superintendent of the Manhattan state hospital. The provisions of this section shall remain in force until such time as the state shall provide a cemetery for the use of said hospital.

§ 14. All acts or parts of acts inconsistent with this act are hereby repealed.

§ 15. This act shall take effect immediately.

CHAPTER 27.

KINGS COUNTY ASYLUMS FOR THE INSANE.

During the present year, after negotiation and agreement with the Kings county authorities, an act (chapter 628, Laws of 1895) to transfer the Kings county asylums to the State, and to establish the Long Island State Hospital, was passed by the Legislature and promptly signed by the Governor. The material features of this act are: 1. The State takes a lease of the county's property at Flatbush, occupied by or used for its insane, on a nominal rental for five years, with privilege of renewal for another term of five years, at the end of which time it must vacate, or sooner if found practicable, agreeing meanwhile to use the property so leased only for the purposes of a State hospital. 2. The county property at King's Park, in Suffolk county, used for and occupied by the insane, is conveyed to the State in fee, for a nominal consideration, with the insane inmates, and the Long Island State Hospital is created, to whose custody and care the property and persons of the county asylums are transferred, taking effect from and after October 1, 1895, and thenceforth to be organized and maintained in the same manner and under the same provisions of law as the other State hospitals.

While this hospital is now organized and conducted on the same basis as that of other State hospitals, its complete transition from the conditions that environed it while under county control to the development it may be expected to attain under State direction, will occupy a considerable time; but meanwhile progress to that end will be continuous and as rapid as circumstances may permit. Plans for a group of cottage buildings to accommodate 500 or more patients, with the necessary adjuncts and outfit, will be prepared, and it is hoped that work upon the con-

Kings County Asylums for the Insane.

struction of these buildings may be begun early in the summer of 1896. Perhaps it may be found possible to apply from available funds enough to commence operations for another similar group before the end of the year. In any event, however, it will require some time to bring the standard of care and treatment in this hospital as well as that of the Manhattan State Hospital, up to that of the others. At Flatbush the buildings devoted to occupancy by the insane had fallen into a sad state of dilapidation and neglect, and exhibited the need of extensive repairs in almost disheartening degree—this last remark applying to the plumbing, heating, lighting and ventilating plant, to the kitchen and laundry service, and indeed to almost every department throughout the entire institution.

At Kings Park, while the conditions are materially better and in certain respects the buildings and plant approach nearer to the proper standard of fitness and efficiency, as indeed could hardly be otherwise in view of the immense sums of money expended there, yet some 700 patients, or over one-half the whole number, are housed in cheaply built frame structures whose duration at best can be but short and whose internal arrangement and facilities for properly attending to the wants of insane persons are markedly defective, while the means of preparing and serving food are utterly inadequate, a state of things from which no escape and but slight relief can be looked for until the new kitchens now planned are built; and as to the four large brick single-room cottages, to accommodate 150 patients each, while their cost has been enormous and they necessarily show some excellent features, they are faulty in many important particulars, especially as regards materials, construction and interior arrangement, and to secure safety from fire will have to be reroofed with slate in place of shingle. The steam-power plant for heating and lighting, and the machinery outfit in general are extensive and costly, but need a great deal to be done in order to put them in effective and economical working order; the steam and con-

Kings County Asylums for the Insane.

duit and pipes are badly constructed and so leaky as to cause a large constant waste of steam, unduly increasing the consumption of coal, while the water supply is seriously defective, and the reservoirs for the same that were erected at enormous cost to the county are practically useless. In various other respects, much must be done, in addition to what has been done, toward bringing the administration of this building on a level with that of the others.

CHAPTER 28.

Special Reports of the New York and Kings County Asylums.

The series of questions submitted to the general superintendents of the New York city and Kings county asylums for the special reports of these institutions are here given. It will be noted that, so far as practicable, they follow the series of questions for the special reports of the State hospitals, being modified only to conform to special conditions, but for convenience of comparison they are arranged in the same manner as in the State hospital system.

Exempted County System.

No. 1. State generally the operations of the asylums for the year ending September 30, 1895, giving the number and kind of buildings erected or completed during the year, or in course of erection; the extraordinary repairs to buildings, and other important improvements and betterments begun or completed during the year; also mention any new features in methods of management, or in the medical or moral treatment of patients, together with a general review of the results of the year.

NEW YORK CITY ASYLUM.

No new buildings have been erected during the year, but some of those mentioned in last report as in progress, and as unduly delayed, have been so far completed as to permit of their being occupied.

Of these, one, the new pavilion upon Ward's Island, attached to what is known as the "Branch" asylum, was occupied in the fall of 1894, and now contains 180 female patients. Its full in-

Special Reports of the New York and Kings County Asylums.

tended capacity is 240, but 60 of the single rooms of which it is composed have had, in the absence of other accommodations for them, to be surrendered to the occupancy of female attendants.

At the City Farm, at Central Islip, Long Island, one of the new brick pavilions, that nearest the boiler-house, was occupied experimentally, late in the fall of 1894, and the transfer of 50 patients from Ward's Island relieved the overcrowding there to that extent. The experiment was not entirely satisfactory, except in demonstrating the inadequate provisions for steam-heating, lighting, cooking, sewage disposition, etc., and further transfers were deferred until the present year, when it was hoped that funds for the improvement of their faulty conditions might be forthcoming. As stated elsewhere, in reply to question No. 3, no such funds were appropriated. Late in the summer, however, the remaining new buildings were occupied, by order of the commissioners, some slight and inadequate additions being made to the apparatus in the old kitchen in lieu of the erection and equipment of a new one, and additions to the system of sewerage being made by our own labor. The latter simply sufficed to correct the mistakes of design in one particular — the providing of means for raising the sewage to the level of the old receiving tanks, the ultimate proper and safe disposal of it being left unattempted, so that it still continues to run over the open fields. The defects in building of the new pavilions have already made themselves conspicuous, as have those of the steam-heating and electric-lighting plants, and unless the contractors for the latter are held to their agreement to make good defects of material or workmanship becoming manifest within one year of the acceptance of the work, serious discomfort is likely to result in the coming winter to the occupants of the new buildings, if indeed the abandonment of the latter does not become necessary. There are now, in all, 1,000 patients at the farm — 700 men and 300 women.

At the farm the new brick stable has been put in use, an extension of the railroad switch, by which cars can be brought directly to the boiler-house and to the ice and cold-storage houses,

Special Reports of the New York and Kings County Asylums.

has been built; and a local telephone service, connecting the various buildings, has been established.

At Ward's Island a new dock for coal has been built upon the west or Harlem river shore, so that the labor and expense of carting coal from the coal dock on the eastern shore are now saved.

The above comprise the new buildings erected or completed during the year — there are none now in course of erection — and embrace any improvements or betterments that have been possible in the absence of specific appropriations. Repairs have been carried on so far as possible, but they have been limited, since, apart from a few thousand dollars appropriated for that distinct purpose, they have had to be paid for out of the sums granted for the patients' maintenance, thus stinting them in food, clothing or other necessary allowances. Owing to the poor character of the work and material put into the new buildings, and into those which were supposed to undergo a thorough overhauling and renovation, they have required at least as much in the way of repairs as have other buildings which were omitted from the contracts. All has been done that could be with the limited labor at our command and without the means of purchasing necessary material, but very much still remains undone and unprovided for. In the various heating plants especially there is great need for renovations and extensions. In the past winter the patients in several wards and buildings suffered severely, the temperature in some falling as low as 35 degrees Fahrenheit, and as the heating-plants, in the absence of attention, have still further deteriorated, greater suffering is to be apprehended in the coming winter.

KINGS COUNTY LUNATIC ASYLUM.

The steam pipes, radiators, valve stems, etc., have been protected to prevent serious injury to the patients, especially on the wards for the epileptics.

The various wards have been painted and kalsomined as necessity required.

Sitting rooms have been provided in many of the wards, adding greatly to the enjoyment of the patients.

Special Reports of the New York and Kings County Asylums.

A quantity of furniture, aquariums, pictures, etc., have been placed on the various wards, contributing to their cheerfulness.

New kettles have been added to the kitchens, and the usual minor repairs and alterations attended to.

This summer the patients have been allowed the pleasure of using the grounds in front of the asylum, the same as last year.

At Kings Park improvements have been made in many of the cottages by various alterations and repairs.

The lawns, roads, walks and groves for patients have been put into better condition, and the grounds have been graded as necessary.

In view of the contemplated transfer of this asylum to the State no provision was made for the erection of additional buildings or extraordinary repairs. Two green-houses, one at Kings Park and one at Brooklyn, were erected during the year by the hospital carpenters. The grounds and driveways have been improved, especially at Kings Park. The building formerly used as an associated dining-room for women has been converted into an amusemen hall. The "temporary halls" for women at Kings Park have been abandoned and torn down, one being converted into a tool-house, and the other to be used when re-erected as quarters for the employees of the engineer's department.

No. 2. Give, separately, the purpose and amount of special appropriations granted to the asylums for the year 1895, and the total sum of such appropriations, together with the amount expended under each.

NEW YORK CITY ASYLUM.

None of the special appropriations asked for for the asylums for the year 1895 were granted by the board of estimate and apportionment.

KINGS COUNTY ASYLUMS.

No special appropriations were granted.

Special Reports of the New York and Kings County Asylums.

No. 3. Give an itemized schedule of appropriations required for the coming year and the necessity for each item in the schedule.

NEW YORK CITY ASYLUM.

This question may best be answered by quoting a document just prepared for submission to the board of estimate and apportionment, wherein the needs of the city asylums for the approaching year are set forth, and approximate estimates of their cost are stated:

DEPARTMENT OF PUBLIC CHARITIES AND CORRECTION,	}
THE NEW YORK CITY ASYLUMS FOR THE INSANE,	
OFFICE OF THE GENERAL SUPERINTENDENT, <i>September 25, 1895.</i>	

Hon. HENRY PORTER, *President, etc.:*

Dear Sir.—In preparation for the annual submission to the board of estimate and apportionment, of preliminary estimates for the coming year, I have the honor to forward to your board an itemized statement of the requirements of the New York city asylums, according to my judgment thereof. I now, by direction of your board, supplement this with some notes, explanatory of certain items, the necessity of provision for which may not, at first sight, be convincingly apparent to the gentlemen by whom your estimates will be reviewed.

I have included in my statement the expenditures which, it seems to me, to be absolutely necessary to provide for, within the approaching year, in order to bring the provision for the maintenance and treatment of the insane of the city to an approximately just standard. I leave it to your board to determine to what extent the necessary funds shall be sought from direct appropriation, and to what further extent from the issuance of bonds under legislative sanction. Such a division as to the sources from which the moneys were procured, was, as your board is aware, made in the year 1892, with the approval of, and under formal sanction by, the board of estimate and apportionment.

Special Reports of the New York and Kings County Asylums.

I have, in the statement referred to, divided the items of proposed expenditures under the following heads:

Supplies.

Salaries.

Alterations and repairs.

Additions to present buildings and apparatus.

New buildings, etc.

SUPPLIES AND SALARIES.

The first two classes may be grouped under the designation, "Maintenance," and, in that form, can need no extended explanation or justification. The course taken in the matter of the estimates of last year, and the year before, was based upon the recommendation of the mayor's advisory committee of 1892, and a definite weekly sum for each patient — \$3.50 in each instance — was asked for.

This year, the amount asked for — \$3.55 per capita, weekly — is that reported by the State Commission in Lunacy as being the average expenditure in the State asylums for the year covered by its last report to the Legislature — that ending September 30, 1894.

The larger total of the present estimate, as compared with that asked for — though not granted in full — for the years 1894 and 1895, is principally due to the increase in the number of patients, the aggregate being considerably larger; the individual allowance is increased by but 5 cents a week.

ALTERATIONS AND REPAIRS.

It has been customary, each year, to ask for an appropriation under the head of "alterations, additions and repairs to buildings and apparatus." This appropriation — amounting to \$50,000 for the current year — has been granted for the department in general, and of it the asylums have had a share determined by your board. It is assumed that a similar appropriation will be asked for, and obtained, for the approaching year, and, being similarly divided, will serve to meet some of the emergent and minor re-

Special Reports of the New York and Kings County Asylums.

pairs, which can not now be foreseen, and which can be made at small cost for labor, or by the labor of our own employes and patients, at the cost of material alone. Apart from these probable repairs, there will be required certain others, the necessity for which can be definitely determined now — which has, for the most part, indeed, long existed — and these alone are included in the list which I submit under the above heading. The aggregate of the estimated cost of the improvements embraced in this list — \$97,100 — will appear large. It must be remembered, however, that no serious and adequate attempt has been made in many years to put buildings in anything approaching thorough repair. The most that has been done has been to temporarily patch up and tide over, so that the passing year might be gotten through with at as little outlay as possible. Again, several of the items — all those under the heading “Ward’s Island Female Department” — relate to old buildings, taken over from the emigration department, after years of occupancy, and subsequent years of disuse and neglect.

ADDITIONS TO PRESENT BUILDINGS AND APPARATUS.

I have included under the above heading only such items as — unlike those enumerated under a subsequent heading, “New buildings, etc.,” — are intended as extensions or completions of buildings already in existence. They represent, for the most part, additions which have been contemplated for some time — in some cases they are part of the original plans — they are necessary to the completion and full use of the buildings, to which they are complementary, and, their cost being comparatively low, it is hoped that they may be provided for without question or delay.

WARD’S ISLAND.

Additional wing to main building, male department, similar to present hospital wing, and completing building, according to plans, \$60,000.

Special Reports of the New York and Kings County Asylums.

The erection of this wing has been contemplated for years, and the necessary funds have been several times unsuccessfully asked for. It will be the counterpart, in external appearance, and, in general, in interior arrangements, of the west or hospital wing, erected in 1891, and occupying a corresponding relation to the main asylum building on the east, will make a symmetrical and completed structure. It is all in single rooms, and with details of construction which are claimed to render it fire-proof. The present great lack of the asylum is a larger proportion of single rooms, where patients, who, through violence or otherwise, can not properly be placed in associate dormitories, may be sequestered. Another wing, similar in plan to that just built, will go far toward remedying the deficiency, and will make of the Branch a symmetrical and self-contained asylum building, provided that the appropriation for a kitchen and apparatus is also made. As at present arranged, and in the absence of a local kitchen, the food has to be brought in wagons, a distance of nearly a quarter of a mile from the main asylum kitchen, and can not be served, especially in the winter season, in proper condition as to warmth and otherwise. With the new wing completed and occupied, the population of the "Branch" will approximate 750, and, for this number, a special kitchen will be but proper and desirable.

Extension of present bakery, to provide for increase of bread required, and for storage of flour, \$3,500.

Extension to laundry plants and buildings, \$35,000.

Regarding these items, as also in relation to the similar items of proposed expenditure at Hart's Island and at the City Farm, little need be said. They are intended, simply, to extend the facilities for the baking of bread, cooking of food, washing of clothing, and heating and lighting of buildings, to a degree commensurate with the increase of the estimated cost as determined by the actual cost of the wing already erected, the plans and details of which will be again available. The hospital wing has proven of great benefit to those patients in whom insanity is complicated by other active physical diseases, and the intended wing will, undoubtedly, equally benefit the class to which it is proposed

Special Reports of the New York and Kings County Asylums.

to devote it — those who, through their mental disturbances, have become uncleanly in their habits. As it is, in the existing buildings of the male department, there is no suitable provision for this class, and the wards which, for want of better, have been assigned to them, are most inconveniently situated upon the upper floors of three-storied wings. In the new wing, not only can the arrangements and provisions be made, with a special view to the requirement of this special class, but facility of exit, so that, not alone the patients, but their bedding, etc., can be readily removed to the open air, can be assured.

Additional wing to “Branch” building, female department, similar to wing last completed, \$85,000.

Extension at “Branch” building for kitchen and plant for same, \$12,500.

These items are self-explanatory. Under the appropriation for buildings, etc., of 1892, a wing has been added to what is known as “The Branch”—the asylum building of the emigration department, now occupied by female patients. In it, at the low cost of a little over \$300 a bed, have been provided accommodations for 240 patients, the number of patients coming under care. At Central Islip, especially, temporary wooden buildings, little better than sheds, and with but slight equipment in the matter of apparatus, were found sufficient for the 400 patients at first transferred, but with the augmentation of their number to 1,000, permanent buildings and enlarged plants become indispensable.

Cold storage and ice-house for meats, etc., \$10,000.

A most satisfactory change in the method of purchasing meats for the inmates of the asylums was made, as an experiment, in the year 1893, at the City Farm at Central Islip. It consisted in requiring the delivery to be in quarters, from cattle not less than a prescribed weight, instead of detached, and unrelated, and inferior cuts, and the conspicuous improvement in the quality of the meat, and incidentally, though this was not sought, a reduction in its cost, led to the extension of the same method of purchase to the other asylums in the succeeding year. In that year

Special Reports of the New York and Kings County Asylums.

the advantages of the change proved equally great, but they were not yet developed to their fullest possibilities.

With facilities for cold-storage, the carcasses could be received in larger number and at longer intervals, and could be cared for and distributed to much better advantage. As it is now, in the warmer weather, the meat has to be received each day, and either used before it is in proper condition, or kept at a great risk of spoiling. A cold-storage house would also provide for the better care and handling of butter and other perishable supplies.

Bath-house and fixtures for female asylum, \$15,000.

The removal of the female patients from Blackwell's to Ward's Island, while insuring them vastly better accommodations in general, was attended with some necessary sacrifices. Among these was a bath-house fully equipped with provisions for fresh and salt water bathing, hot and cold. This had been erected a few years before, at a cost of \$10,000, and it is now proposed to offset its loss by erecting a similar but somewhat larger one upon Ward's Island. In this instance, as in one or two others to be referred to, the relinquishment of special buildings by the transfer from Blackwell's Island has not operated to the loss of the department in general. The bath-house, for example, is equally available, and valuable, as an adjunct of the Metropolitan Hospital, to the service of which institution it is now relegated.

General store-house, \$20,000.

With the great majority of the insane concentrated upon Ward's Island, and with the prospect that those remaining upon Blackwell's Island will also be removed, there seems to be no good reason why supplies and other articles for their use should pass through the Blackwell's Island store-house. With a store-house upon Ward's Island all excuse for the transshipment of stores, which now is so fruitful a source of detention, damage, and inconvenience generally, would be done away with.

Home for female attendants, \$50,000.

A building for the above-named use, costing originally \$25,000, was, like the bath-house, transferred to the Metropolitan Hospital when the exchange of patients took place, and is now occu-

Special Reports of the New York and Kings County Asylums.

pied by the nurses attached to the training school of the latter institution.

A similar home, but so much larger as to provide for the increased number of attendants, is a requisite addition to the buildings on Ward's Island, to which the female patients are now assigned.

Quarters for male employes of female department and work shops, \$25,000.

The male employes of the female department can not, as in the case of the male department, be quartered either in the attendant's home or in rooms of the different buildings occupied by patients. Separate quarters are needed for their accommodation, and can, no doubt, be more economically provided if placed in the same building — in the second story — as shops, which are equally needed for the carpenters and other mechanics.

Chapel and amusement hall, and sewing rooms, \$20,000.

The above purposes had been not long since well provided for, upon Blackwell's Island, by the remodeling of an old building variously known as "The Lodge," "The Mad-House," etc. As in the case of the bath-house and attendant's home, this building proves a valuable accession to the Metropolitan Hospital. Upon Ward's Island, upon the side devoted to the female patients, there is an excellent church building for those of the Catholic faith. There is, however, no Protestant chapel, and no hall suitable for the concerts, theatrical performances and dances, which are so important an element in the entertainment and treatment of patients. Nor are there suitable apartments for sewing rooms, and for the other light occupations which the patients have been accustomed to follow, greatly to their own advantage and to that of the department. The estimate is intended to cover the cost of a single building, centrally located, having a lower story divided into sewing rooms, etc., and a second story devoted — with the exception of the necessary ante rooms — to one large hall, capable of being used both for church services upon the Sabbath, and for the customary entertainments through the week.

Special Reports of the New York and Kings County Asylums.

Hoisting apparatus and tramway for unloading coal and delivering it to boiler-houses, \$10,000.

There are now five boiler-houses in operation upon Ward's Island, and the transportation of coal to them from the docks is a serious matter, involving the employment of twelve to fourteen horses and drivers, and so inefficient at that, that with bad weather and with bad roads, very frequently there are inconvenient and dangerous shortages. At a first outlay of \$10,000 it is estimated that machinery for steam hoisting, and a tramway for delivering at the boiler-houses, could be procured which would, in a short time, more than pay for its actual cost by the saving effected in horses, etc., besides rendering much more reliable service.

Ferry Facilities.

New steam launch for Ward's Island, the present launch being very much required at Hart's Island, \$10,000.

For several years application has been made, and renewed, for an appropriation wherewith to purchase a launch and establish a regular ferry communication between Hart's Island and the main land. As it is, there is no regular communication except once each week day, by means of the department steamer from Twenty-sixth street. It was hoped that increase of accommodation upon the other islands might render possible the removal of the insane from the unfavorable surroundings at Hart's Island, but as there is no present prospect of that, and as, through the transfer of the branch work-house buildings to the asylum, the census of the latter has been much increased — embracing now 1,600 patients, and a proportionate number of officers and employes — the need of some reliable means of access is rendered more urgent. Coincidentally, the use of the ferry between Ward's Island and East One Hundred and Fifteenth street has greatly increased, owing to the occupation of the western, or emigration, half of the island, and the transfer of female patients from Blackwell's Island thereto. The number of friends of patients alone who visit the island averages over 1,000 a week, and not

Special Reports of the New York and Kings County Asylums.

infrequently 100 passengers present themselves at one time for a boat that is intended to carry but thirty.

The launch in use there is inadequate for its present service, but might suffice for the less exacting one at Hart's Island.

The sum asked for would, in that case, purchase a new and suitable launch for Ward's Island.

HART'S ISLAND.

Building for officers' quarters, \$30,000.

So long as Hart's Island was looked upon as only a temporary place of abode for the insane, all efforts and expenditures were directed to extending the accommodations for patients only.

For office and administration purposes, and for physicians' quarters, old wooden cottages — a survival of thirty years ago, when Hart's Island was used as a station for recruits and military prisoners during the war — were deemed sufficient.

Now that the continuance of the insane upon this island for some years to come seems to be assured, and the wooden cottages are, coincidently, falling into the last stages of decay, a more permanent and commodious structure for the purposes named is imperatively needed.

Attendants' home, \$30,000.

For reasons, in line with those above stated, no home for attendants was built upon Hart's Island at the time of the erection of those upon Blackwell's and Ward's islands; and its erection now is equally necessary and proper. As it is, the attendants are crowded into small and inconvenient quarters in the pavilions where their day's duty is performed. Apart from all other considerations, better work can be expected from them if they are afforded the quiet and change of atmosphere and surroundings provided by a detached and specially arranged building.

CITY FARM, CENTRAL ISLIP.

One group (No. 3) of three pavilions and central dining-room at City Farm, to complete system of new buildings, according to the original plan, \$65,000.

Special Reports of the New York and Kings County Asylums.

The group of buildings here referred to formed one of four groups, which it was proposed to build as the principal feature in carrying out the provision of increased accommodation for the insane, under the half million dollars appropriation before alluded to. Each group was purposed to give shelter to 150 patients — fifty in each of the three pavilions — and to furnish a separate dining-room for the members of that group. Under this plan, it was expected that improved accommodations for 600 patients would be obtainable, that the older asylums would be relieved to that extent, and that the population of the City Farm would be brought up to a round thousand. The bids upon this particular contract, however, were in excess of the preliminary estimate, a portion of the appropriation was diverted to other purposes and it was decided to omit one of the four groups, for the time being, and to erect only the other three. The necessity for the relief which the possession of this group would afford exists now in still greater degree, and its erection will form a logical and proper element in the expenditure of any forthcoming appropriation.

Sewerage and sewage distribution, \$10,000.

It is of the utmost importance, in view of the occupation of the additional buildings and the consequent doubling of the population of the Farm, that some efficient method of disposal of sewage be provided. That furnished, when the buildings were first erected and occupied, has proven inadequate and inefficient, and the sewage is now simply running off through an open trench to some low-lying ground, where it distributes itself over the surface.

Of course, this can only continue at the cost of ultimate, and probably speedy, ill effects upon the health of the residents of the farm and neighborhood, especially as the water for drinking purposes is derived from driven wells. No one of the objects for which an appropriation is sought is of more pressing emergency than this. The probable, or, more properly, inevitable, results of neglect and delay, can not but prove disastrous.

Fencing, \$5,000.

Special Reports of the New York and Kings County Asylums.

No attempt has yet been made to properly protect the lines of the city property by the erection of a permanent fence.

Some sections of the dividing line, between it and adjacent properties, have been temporarily marked off by such a fence as the patients could construct from woven wire and the trees felled on the premises, and a more permanent and ornamental fence has been built by them, for a few rods, along the highway which intersects the Farm. At first, the limited number of patients assigned to the Farm, and their quiet and harmless character, rendered unnecessary any fencing calculated to confine them within given limits.

On the other hand, trespassing from without was not, while the land was uncleared and uncultivated, annoying. But these conditions have been changed as to the character of the patients, as further and larger drafts have been sent there, and they are also changing as to trespassers, intentional and accidental, as the cleared space is enlarged and the crops increased. For all reasons and purposes the entire boundary line of the city property should be defined and protected by a substantial fence, and the \$5,000 asked for will provide that for the portion already occupied.

Buildings for shops, \$10,000.

When the farm was occupied, in 1889, the buildings — which were characterized as “temporary wooden structures” — were limited to those necessary to provide for parties of patients who were sent down, as pioneers, to clear the land, prepare it for cultivation, and put the Farm generally into condition for occupation by larger numbers of patients, and of a different class.

As this rougher work has been accomplished, equally necessary work of different character, and requiring skilled workmen, and mechanical appliances, has developed. Among the later transfers of patients have been tailors, shoemakers, and mechanics of various kinds, and the drafts of female patients have included laundresses and seamstresses. No shops or sewing rooms have yet been specially provided; they are needed now that a larger number of patients has been sent down.

Cow stables, barns, etc., \$10,000.

Special Reports of the New York and Kings County Asylums.

The crops raised upon that portion of the Farm already cleared and brought under cultivation have now assumed proportions that render it necessary to provide properly constructed barns, etc., for their protection and storage.

Similarly, with the provision of pasturage, and the production of feed of various kinds, it becomes possible to care for live stock economically, and so reduce the cost of purchased articles, such as milk, etc. A new and suitable stable for horses has been built out of the special appropriation of 1892.

It is desirable that there should be added to it a similar, but less expensive, cow stable, sheep pens, a silo for storing cattle feed, etc.

Increase of water supply and storage therefor, \$5,000.

At present the distribution of water is made to all the buildings from an elevated wooden tank, erected prior to the occupation of the Farm, and holding but about 20,000 gallons. It is, of course, of quite inadequate capacity for the present demands upon it, and moreover, shows the effects of its seven years of use and exposure, and is leaky and in danger of collapse. As it is, it is necessary to refill it three or four times in twenty-four hours, and should anything — fire or other accident — put it out of use, the danger and discomfort to patients and buildings would be incalculable. In any case, there should be an alternative source of supply, sufficiently remote from the present tank to be independent of the same influences and dangers. Probably an iron stand-pipe would best serve the purpose.

Addition to administration building for offices, drug store, and physicians' quarters, \$10,000.

The increase in the population of the Farm, and the proportionate increase in the number of physicians and other officers, render the original office, or administration building, quite inadequate for its intended uses. Either it should be doubled in size, or a new one should be erected in another part of the grounds, so that both additional office space and sleeping accommodations may be provided.

Special Reports of the New York and Kings County Asylums.

The State Legislature of 1892, by enactment, recommended by his honor, the mayor, and the board of estimate and apportionment of this city, authorized the procurement through the sale of municipal bonds, of the sum of \$500,000, and its expenditure upon the renovation and repair of existing buildings upon Ward's Island, and upon the construction of new buildings upon that island, and upon land belonging to the city, "The City Farm," at Central Islip, Long Island. The existing buildings covered by the first proviso of the act were those upon the western half of Ward's Island, the property of the State, formerly occupied by the Department of Immigration, and the purchase of which by the city was provided for by contemporaneous action of the Legislature.

Under these statutes, and the subsequent action of the city authorities, the purchase was made, and alterations of old buildings and erection of new, as proposed by your board, were authorized. It was not then assumed, or suggested, that the expenditure of this half million of dollars would suffice to render ample the then admittedly deficient accommodations for the city's insane, or to do more than make one first step, though a liberal one, toward that consummation. As a matter of fact, the utmost to which the purchasing power of the half million could be extended was the provision of some 150 beds in old buildings and 700 in new. While this was, of course, an immense gain in the direction of comfort and safety, it would suffice neither to entirely do away with the overcrowding of good buildings and to reduce their population to proper capacity, nor would it render possible the abandonment of all the old, unsuitable, and unsafe buildings. Least of all would it anticipate, and provide for, the increase of population, through increase of newcomers, which is to be looked for each year. Had the work mapped out under the \$500,000 appropriation been completed in the year of its becoming available, 1892, a similar sum expended in each of the following three years, 1893, 1894, and the current one, would have appropriately supplemented it, and would have brought the condition of the city asylums, in the matter of buildings at least, to something like a proper one. But the work

Special Reports of the New York and Kings County Asylums.

was not completed in 1892, nor, unfortunately, is it completed in 1895, at the date of the present writing. As a consequence, no appropriation for new buildings, nor for any other purpose by which accommodation for a single additional patient could be provided, were secured from any source for the years 1893, 1894, or 1895. Thus far but about 1,600 patients have found shelter in buildings provided out of the \$1,500,000 expenditure, and their transference did little more than render possible the evacuation of the old, dilapidated, and dangerous wooden pavilions, on Blackwell's Island, the use of which had so long disgraced the department. In the meantime, by the normal year to year accretion, some 1,100 patients have been added to the census-roll of the asylums, and, as a result, the buildings are more than ever over-filled, and your board has determined to reoccupy the wooden pavilions, on Blackwell's Island just referred to. It is in view of these facts that I have placed upon the list, under the above caption, the following item:

Additional buildings at the several city asylums, to replace those that are unfit, and to relieve the overcrowding in others, to accommodate 1,200 patients, at \$500 a bed, \$600,000.

The above facts and explanations are respectfully submitted to your board, with the hope that they may contribute to securing for the city asylums the means for amplifying the improvements which were inaugurated in the year 1892, and which are now in abeyance.

Yours respectfully,

A. E. MACDONALD, M. D.,

General Superintendent.

KINGS COUNTY LUNATIC ASYLUM.

Brooklyn department.—The plumbing is still a source of complaint and unfit for the use of any public institution. Therefore a new system of water-closets, lavatories, and bath-rooms should be provided, with modern sanitary appliances and fixtures. There are two plans feasible, one to erect towers in the rear of each tier

Special Reports of the New York and Kings County Asylums.

of wards, and place therein all the plumbing, etc., and the second is to place the present arrangement in as satisfactory condition as possible. The former plans would cost in the vicinity of \$60,000, and the latter about one-half that sum.

The kitchen needs a thorough overhauling, so as to give better facilities for doing the regular culinary work. For that purpose \$4,000 is required.

Nearly all the floors are in a bad condition, and should be relaid, which would cost \$15,000.

In all institutions of this character there should be some means of instant communication between the offices and the various wards and departments, and there being nothing of this kind in either branch of this hospital, I would recommend that a system of "internal telephone" be introduced. The cost would be about \$2,000 for the two places.

Additional fire protection, in the way of pails, "ball and nozzle" attachments, hose-carts, hook and ladder trucks and proper electric fire-alarm system should be provided. The probable cost for the entire hospital would be \$5,000.

An increased amount of furniture is needed in both departments, and \$10,000 could be used advantageously, especially in the purchase of new iron bedsteads and hair mattresses to replace the old strap-iron beds and straw ticks so long in vogue.

Laundry machinery requires overhauling.

Kings Park.—For the additional accommodation of patients, two buildings, to accommodate 500 patients, will be erected at once. This would cost \$250,000. One of these buildings should be so arranged as to provide an administration building and amusement hall, both of which are badly needed.

The water supply should be increased by boring additional wells, and a line of pipe laid more on a level, to conduct the water to the pump house, should be provided. The distributing reservoir requires extensive repairs, and the entire cost would be about \$15,000.

In order to provide satisfactory and economical service, two kitchens, properly located, should be constructed, thereby doing

Special Reports of the New York and Kings County Asylums.

away with the present disadvantageous system. The cost should not exceed \$50,000.

The frame cottages all require repainting, which would require an expenditure of \$6,000.

New plumbing is required throughout all the cottages, and would cost \$60,000.

Fire escapes should be placed on the various cottages, at an expense of \$6,500.

A stand-pipe should be placed in each cottage, with the proper hose, outlets, fixtures, etc., for increased fire protection; \$6,500 is needed for this purpose.

The drying room of the laundry should be increased to meet the demands, and the expense thereof would be \$1,200.

No. 4. Give the yearly and weekly per capita cost of maintenance for the fiscal year, inclusive of officers' salaries and employees' wages.

NEW YORK CITY ASYLUM.

One hundred and sixty-nine dollars and sixty-five cents yearly; \$3.26 weekly.

KING'S COUNTY LUNATIC ASYLUM.

Yearly per capita cost, \$172.37; weekly per capita cost, \$3.31.

No. 5. Give the number of patients present at the beginning of the year, the number admitted, discharged, recovered, improved and unimproved, number died, total discharged, whole number treated and average daily population during the year.

NEW YORK CITY ASYLUM.

	Male.	Female.	Total.
Number of patients October 1, 1894.....	3,010	3,385	6,395
Number of patients admitted.....	850	907	1,757
Number of patients discharged.....	336	344	710

Special Reports of the New York and Kings County Asylums.

	Male.	Female.	Total.
Number of patients recovered.....	64	81	145
Number of patients improved.....	273	169	442
Number of patients unimproved.....	29	94	123
Number of patients died.....	328	308	636
Total number of patients discharged.....	694	652	1,346
Whole number of patients treated.....	3,860	4,292	8,152
Average daily population.....	3,089	3,489	6,578

KINGS COUNTY LUNATIC ASYLUM.

	Male.	Female.	Total.
The number of patients present at the begin- ning of the year was.....	1,008	1,295	2,303
Admitted during the year.....	258	257	515
Discharged as recovered.....	42	43	85
Discharged as improved and unimproved....	48	58	106
Died during the year.....	108	112	220
Total number discharged.....	198	213	411
Whole number treated during the year.....	1,266	1,552	2,818
Average daily population during the year....	1,037	1,302	2,339

No. 6. Give the percentage of recoveries on the number of patients admitted, on the average daily population, on the whole number treated, and on the number discharged, including deaths, and on the whole number discharged not including deaths, during the fiscal year.

NEW YORK CITY ASYLUM.

On the number of patients admitted, 8.25 per cent.; on the average daily population, 2.20 per cent.; on the whole number treated, 1.78 per cent.; on the number discharged, including deaths, 10.77 per cent.; on the whole number discharged, not including deaths, 20.42 per cent.

Special Reports of the New York and Kings County Asylums.

KINGS COUNTY LUNATIC ASYLUM.

Percentage of recovered on number admitted, 16.5; percentage of recovered on average daily population, 3.6; percentage of recovered on whole number treated, 3; percentage of recovered on number discharged and died, 20.6; percentage of recovered on number discharged, 4.4.

No. 7. Give the percentage of deaths on the number of patients admitted, on the average daily population, on the whole number treated and on the number discharged during the fiscal year.

NEW YORK CITY ASYLUM.

On the number of patients admitted, 36.20 per cent.; on the average daily population, 9.67 per cent.; on the whole number treated, 7.80 per cent.; on the number discharged, 89.58 per cent.

KINGS COUNTY LUNATIC ASYLUM.

Percentage of deaths on number admitted, 42.7; percentage of deaths on average daily population, 9.4; percentage of deaths on whole number treated, 7.8; percentage of deaths on number discharged, 53.5.

No. 8. Give the number of inebriates (including alcoholic, opium and other narcotic habitués) discharged during the year, and state whether these are classed as "recovered" or "not insane" in your annual report.

NEW YORK CITY ASYLUM.

None.

KINGS COUNTY LUNATIC ASYLUM.

One case (male) alcoholic, classed or discharged as "recovered."

Special Reports of the New York and Kings County Asylums.

No. 9. Of those discharged recovered during the previous year, how many were readmitted prior to October 1, 1895?

NEW YORK CITY ASYLUM.

Four.

KINGS COUNTY LUNATIC ASYLUM.

Three men and one woman; total, four.

No. 10. What is the practice of the Board of Commissioners of Charities and Corrections respecting visitation and inspection of the asylums? Give the number of inspections made by each commissioner at the different institutions during the year ending September 30, 1895.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

There is no established practice governing visitation and inspection of the asylums by the commissioners. Only one commissioner visited the wards of the institution during the year. The other commissioners made visits to the asylum and inspected some of the buildings and grounds.

Commissioner Porter made one visit to Ward's Island; Commissioner Sheehy visited Ward's Island twice and Blackwell's Island once; Commissioner Faure visited Ward's Island six times and Blackwell's Island nine times, and Commissioner Wright made one visit to Ward's Island and one to Blackwell's Island.

Male Department.

The asylum has been visited at different times during the year by the members of the Board of Commissioners, but a record of these visits has not been kept.

Special Reports of the New York and Kings County Asylums.

HART'S ISLAND.

Commissioner Faure visited the institution July 14th, and Commissioners Faure and Wright July 31, 1895.

CENTRAL ISLIP.

To inspect the patients, pavilions, grounds and other buildings, the number of visits made during the year was as follows: Commissioner Porter, two; Commissioner Faure two; Commissioner Wright, two.

KINGS COUNTY LUNATIC ASYLUM.

The Commissioners of Charities and Corrections visited the institution on an average of about once a week, Commissioner Henry visiting the Brooklyn department and Commissioners Simis and Burtis, Kings Park.

No. 11. Give the ratio of medical officers in each department, both exclusive and inclusive of medical superintendents, to patients.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

One to 149, exclusive of general superintendent and medical superintendent.

One to 130, inclusive of general superintendent and medical superintendent.

Male Department.

One to 157, exclusive of general superintendent and medical superintendent.

One to 139, inclusive of general superintendent and medical superintendent.

HART'S ISLAND.

One to 399, exclusive of general superintendent and acting medical superintendent.

Special Reports of the New York and Kings County Asylums.

One to 266, inclusive of general superintendent and acting medical superintendent.

CENTRAL ISLIP.

One to 208, exclusive of general superintendent and acting medical superintendent.

One to 125, inclusive of general superintendent and acting medical superintendent.

KINGS COUNTY LUNATIC ASYLUM.

At Flatbush, exclusive of the general superintendent, 1 medical officer to every 212 patients; inclusive of the general superintendent, 1 medical officer to every 176 2-3 patients; at King's Park, exclusive of the medical superintendent, 1 medical officer to every 336 $\frac{3}{4}$ patients; inclusive of the medical superintendent, 1 medical officer to every 269 patients.

12. State salaries and all allowances of the different grades of medical officers.

NEW YORK CITY ASYLUM.

One general superintendent.....	\$4,500
Two medical superintendents.....	2,750
One acting medical superintendent.....	2,000
One acting medical superintendent.....	1,800
One assistant medical superintendent.....	1,350
One assistant physician.....	1,350
Two assistant physicians.....	1,100
Two assistant physicians.....	1,000
Two assistant physicians.....	900
Two assistant physicians.....	800
One assistant physician.....	750
Two assistant physicians.....	700
Two assistant physicians.....	600
Three assistant physicians.....	500
Two assistant physicians.....	400
Seventeen assistant physicians.....	300

Special Reports of the New York and Kings County Asylums.

In addition to their salaries all resident medical officers are assigned apartments according to their rank, and are allowed table supplies, washing, etc.

Non-resident medical officers—members of the consulting board and pathologists—are unsalaried and receive no allowances.

KINGS COUNTY LUNATIC ASYLUM.

The general superintendent.....	\$2,500
The medical superintendent.....	1,800
First assistant physician.....	1,200
Second assistant physician.....	900
Third assistant physician.....	900
Fourth assistant physician.....	750
Assistant physicians, \$450 to.....	600

13. How many of the present medical officers of the asylum are college graduates?

NEW YORK CITY ASYLUM.

All are graduates of medical colleges, and three hold other degrees in addition.

KINGS COUNTY LUNATIC ASYLUM.

Three.

14. What proportion of the present medical officers of the asylums has had previous experience in a general hospital?

KINGS COUNTY LUNATIC ASYLUM.

Twenty-three out of 42.

NEW YORK CITY ASYLUM.

Fifty-five per cent.

Special Reports of the New York and Kings County Asylums.

15. State to what extent, if any, the medical officers of the asylums have contributed to the literature of psychological or other departments of medicine during the fiscal year, giving the title of the contributions and the name and date of the publication in which such contributions appeared.

NEW YORK CITY ASYLUM.

"The Rational Therapy of Alcoholism," Medical News, Philadelphia, Pa., May 4, 1895; F. W. A. Fabricius, M. D.

"Insolation or Thermoplegia: A Clinical Study," Medical Record, New York, August 3, 1895, and *Semaine Medicale*, Paris, France, September, 1895; F. W. A. Fabricius, M. D.

"Statistics on Paresis," Medical Record, New York, July 6, 1895; Louis C. Pettit, M. D.

KINGS COUNTY LUNATIC ASYLUM.

Various papers for the local medical society.

16. State the aggregate number of nurses and attendants in the employ of the asylums on September 30, 1895, and the number of resignations and dismissals occurring during the year; also the principal causes of such resignations and dismissals.

NEW YORK CITY ASYLUM.

Number of attendants September 30, 1895, 819; number of resignations during the year, 339; number of dismissals during the year, 71.

The principal causes of resignations were to accept better positions, illness of friends, and the principal causes of dismissals were insubordination, intoxication, and general inefficiency.

KINGS COUNTY LUNATIC ASYLUM.

Aggregate number of attendants, 371; number of resignations during the year, 140; number of dismissals during the year, 83.

Special Reports of the New York and Kings County Asylums.

The principal causes of resignation were: Illness of relatives, ill-health, unwilling to perform duty assigned them, to do better, and to accept better positions.

Principal causes of dismissals were: Insubordination, intoxication, general inefficiency and abuse of patients.

17. What proportion of the present attendants, or nurses, both men and women, are graduates of a training school?

NEW YORK CITY ASYLUM.

None.

KINGS COUNTY LUNATIC ASYLUM.

None.

18. Give the ratio of ward attendants, exclusive of supervisors, by sexes, to patients; also, separately, by sexes, the ratio of day and night attendants to patients.

NEW YORK CITY ASYLUM.

Ward attendants, male, 1 to 9; female, 1 to 9. Day attendants, male, 1 to 11; female, 1 to 10. Night attendants, male, 1 to 58; female, 1 to 55.

KINGS COUNTY LUNATIC ASYLUM.

Ward attendants, men, 1 to 9; women, 1 to 13. Day attendants, men, 1 to 7.8; women, 1 to 10. Night attendants, men, 1 to 21.4; women, 1 to 39.4.

19. State to what extent, if any, mechanical restraint has been used in the care of patients during the year, and the forms of such restraint, including the so-called "protection sheet."

NEW YORK CITY ASYLUM.

"Protection sheets" and other forms of mechanical restraint have not been used during the year.

Special Reports of the New York and Kings County Asylums.

KINGS COUNTY LUNATIC ASYLUM.

Occasionally, the form of restraint used is the camisole, principally in the case of a persistent eloper, and occasional cases of self-mutilation and self-abuse.

20. Are the present allowances of food supplies, in your opinion, sufficient in quantity, quality and variety, to fully meet the requirements of the inmates, and, if not, what changes respecting the food supplies and allowances would you suggest?

NEW YORK CITY ASYLUM.

The present allowances of food supplies are, taken as a whole, and with some notable exceptions, in my judgment, better than they have been before in the history of the asylums. I believe, however, that there is still room, and need, for increase in variety, generally, and for increase in quantity in some cases, and improvement in quality in others.

As the most direct way of answering the latter portion of the question: "What changes respecting the food supplies and allowances would you suggest?" I append a proposed dietary table in which are embodied the recommendations as to changes and enlargements which I have, from time to time, made. It may be of interest to add, that the estimated cost of supplying the patients in conformity with this table, at current prices of articles of proper grade and quality, would be 22 $\frac{1}{4}$ cents a day for each patient. This would exceed the cost of the dietary table prepared by Prof. Austin Flint, by a little less than two cents per diem, per capita, the estimated cost of the latter, at current prices, being 20 1-3 cents. It is believed, however, that the advantages are sufficient to justify this slight increase.

Special Reports of the New York and Kings County Asylums.

PROPOSED DIETARY TABLE.

SUNDAY.

Breakfast.

Coffee, $\frac{1}{2}$ ounce; chicory, $\frac{1}{2}$ ounce; $\frac{1}{2}$ coffee, condensed milk, 1 ounce, sugar, $\frac{3}{4}$ ounce; water, 1 pint; mush, 2 ounces; molasses, 2 ounces; butter, 1 ounce; bread, 7 ounces; bacon or ham (one half of each), 6 ounces.

Dinner.

Pea soup, 1 pint; peas, $1\frac{1}{2}$ ounces; poultry, 20 ounces; potatoes, 10 ounces; vegetables, 5 ounces; rice pudding, 2 ounces; milk, $1\frac{1}{8}$ ounces; sugar, $\frac{1}{2}$ ounce; bread, 4 ounces.

Supper.

Tea, 1-6 ounce; condensed milk, 1 ounce; sugar, $\frac{3}{4}$ ounce; butter, 1 ounce; gingerbread, 4 ounces; bread, 10 ounces; fresh fruit, 2 cents.

Tea, 1-6 ounce; condensed milk, 1 ounce; sugar, $\frac{3}{4}$ ounce; butter, 1 ounce; ginger bread, 4 ounces; bread, 10 ounces; fresh fruit, 2 each.

MONDAY.

Breakfast.

Coffee, 1 pint; oatmeal, 2 ounces; molasses, 2 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Beef, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces; macaroni, 1 ounce.

Supper.

Tea, 1 pint; dried or canned fruit, 2 ounces; butter, 1 ounce; bread, 10 ounces.

TUESDAY.

Breakfast.

Coffee, 1 pint; hominy, 2 ounces; milk, 2 ounces; butter, 1 ounce; bread, 7 ounces; dried fish, 4 ounces.

Special Reports of the New York and Kings County Asylums.

Dinner.

Mutton, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces; pickles, 1 ounce.

Supper.

Tea, 1 pint; cheese, 2 ounces; butter, 1 ounce; bread, 10 ounces.

WEDNESDAY.

Breakfast.

Coffee, 1 pint; hash (beef), 2 ounces; potatoes, 4 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Beef stew, 12 ounces; potatoes, 6 ounces; vegetables, 5 ounces; bread pudding, 2 ounces; sauce, 1 ounce; bread, 4 ounces.

Supper.

Tea, 1 pint; prunes, 2 ounces; butter, 1 ounce; bread, 10 ounces.

THURSDAY.

Breakfast.

Coffee, 1 pint; rice, 2 ounces; milk, 2 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Beef, roast or boiled, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces; macaroni, 1 ounce.

Supper.

Tea, 1 pint; butter, 1 ounce; domestic cake, 4 ounces; bread, 10 ounces.

FRIDAY.

Breakfast.

Coffee, 1 pint; mush, 2 ounces; syrup (maple), 2 ounces; butter, 1 ounce; bread, 7 ounces; eggs, 2 each.

Special Reports of the New York and Kings County Asylums.

Dinner.

Fish, 10 ounces; potatoes, 10 ounces; vegetables, 5 ounces; rice pudding, 2 ounces; sauce, 1 ounce; bread, 4 ounces.

Supper.

Tea, 1 pint; dried or canned fruit, 2 ounces; butter, 1 ounce; bread, 10 ounces; oysters or clams, 6 each.

SATURDAY.

Breakfast.

Coffee, 1 pint; hash (beef), 2 ounces; potatoes, 4 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Beef, 12 ounces; potatoes, 6 ounces; vegetables, 5 ounces; bread, 4 ounces; pickles, 1 ounce.

Supper.

Tea, 1 pint; headcheese, 2 ounces; butter, 1 ounce; bread, 10 ounces.

SUNDAY.

Breakfast.

Coffee, 1 pint; oatmeal, 2 ounces; molasses, 2 ounces; butter, 1 ounce; bread, 7 ounces; bacon or ham (one-half of each), 6 ounces.

Dinner.

Bean soup, 1 pint; beans, $1\frac{1}{2}$ ounces; poultry, 20 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces.

Supper.

Tea, 1 pint; ginger bread, 4 ounces; butter, 1 ounce; bread, 10 ounces; fresh fruit, 2 cents.

MONDAY.

Breakfast.

Coffee, 1 pint; hominy, 2 ounces; milk, 2 ounces; butter, 1 ounce; bread, 7 ounces.

Special Reports of the New York and Kings County Asylums.

Dinner.

Mutton, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces; macaroni, 1 ounce.

Supper.

Tea, 1 pint; dried or canned fruit, 2 ounces; butter, 1 ounce; bread, 10 ounces.

TUESDAY.

Breakfast.

Coffee, 1 pint; mush, 2 ounces; syrup (maple), 2 ounces; butter, 1 ounce; bread, 7 ounces; dried fish, 4 ounces.

Dinner.

Beef stew, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread pudding, 2 ounces; milk, $1\frac{1}{2}$ ounces; bread, 4 ounces; pickles, 1 ounce.

Supper.

Tea, 1 pint; cheese, 2 ounces; butter, 1 ounce; bread, 10 ounces.

WEDNESDAY.

Breakfast.

Coffee, 1 pint; hash (beef), 2 ounces; potatoes, 4 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Beef, roast or boiled, 12 ounces; beans, 3 ounces; vegetables, 5 ounces; hominy, 2 ounces; molasses, 1 ounce; bread, 4 ounces.

Supper.

Tea, 1 pint; prunes, 2 ounces; butter, 1 ounce; bread, 10 ounces.

THURSDAY.

Breakfast.

Coffee, 1 pint; rice, 2 ounces; sauce, 1 ounce; butter, 1 ounce; bread, 7 ounces.

Special Reports of the New York and Kings County Asylums.

Dinner.

Macaroni, 1 ounce; beef, 12 ounces; potatoes, 10 ounces; vegetables, 5 ounces; bread, 4 ounces.

Supper.

Tea, 1 pint; butter, 1 ounce; domestic cake, 4 ounces; bread, 10 ounces.

FRIDAY.

Breakfast.

Coffee, 1 pint; wheaten grits, 2 ounces; milk, 2 ounces; butter, 1 ounce; bread, 7 ounces; eggs, 2 each.

Dinner.

Fish, 10 ounces; potatoes, 10 ounces; vegetables, 5 ounces; rice pudding, 2 ounces; sauce, 1 ounce; bread, 4 ounces.

Supper.

Tea, 1 pint; dried or canned fruit, 2 ounces; butter, 1 ounce; bread, 10 ounces; oysters or clams, 6 each.

SATURDAY.

Breakfast.

Coffee, 1 pint; hash (beef), 2 ounces; potatoes, 4 ounces; butter, 1 ounce; bread, 7 ounces.

Dinner.

Mutton, 12 ounces; potatoes, 6 ounces; vegetables, 5 ounces; bread, 4 ounces; pickles, 1 ounce.

Supper.

Tea, 1 pint; headcheese, 2 ounces; butter, 1 ounce; bread, 10 ounces.

Sugar and milk for cooking purposes, one-half ounce daily for each person.

KING'S COUNTY LUNATIC ASYLUM.

The quantity is sufficient, quality has improved and the variety can be improved. Facilities for preparing and serving food supplies are not satisfactory, owing to the general plan of the institution and the culinary department.

Special Reports of the New York and Kings County Asylums.

21. State the frequency with which bread is baked in the hospital, the length of time after baking before it is served, and the kinds of bread, including biscuits, gingerbread, etc., that are supplied to patients.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

Gingerbread is made once each week, and served to patients 24 hours after baking; corn bread is made once each week, and served hot, and domestic cake is made once each week, and served 24 hours after baking. Other breads are supplied from the male department bakery.

Male Department.

Wheat bread is baked daily; graham bread is baked three times a week; rye bread is baked three times a week; gingerbread is baked once a week; domestic cake is baked once a week; bread is served from 12 to 18 hours after baking.

HART'S ISLAND.

Bread is baked daily; is kept twenty-four hours after being baked before using.

Kinds of bread supplied — Wheat bread, gingerbread and domestic cake.

CENTRAL ISLIP.

Bread is baked daily, Sundays excepted, and is served twenty-four hours after baking.

The kinds of bread, etc., supplied to patients are wheat, rye and gingerbread; also domestic cake.

KINGS COUNTY LUNATIC ASYLUM.

Bread baked daily.

Special Reports of the New York and Kings County Asylums.

22. State the quantities in pounds, and the varieties of teas purchased during the year, the average price per pound of each and the total cost of the same.

NEW YORK CITY ASYLUM.

QUANTITIES.	Varieties.	Average price per pound.	Total cost.
22,953 pounds.	Oolong	\$.1471	\$3,378 52
11,995 pounds.	Formosa Oolong .....	.1457	1,737 93
7 pounds.	Special .....	.3000	2 10
169 pounds.	Fine Oolong .....	.3504	59 32
22 pounds.	Green.....	.3863	8 50
121 pounds.	Young Hyson.....	.4566	55 25
19 pounds.	Mixed .....	.4579	8 70
20 pounds.	Blackbird.....	.4000	8 00
35,306 pounds.			\$5,258 32

23. State the quantities in pounds, and the varieties, of coffees purchased during the year, the average price per pound of each kind, and the total cost thereof.

NEW YORK CITY ASYLUM.

QUANTITIES.	Varieties.	Average price per pound.	Total cost.
519 pounds.	Fine coffee.....	\$.2406	\$124 94
31 pounds.	Hill Java.....	.3062	9 50
670 pounds.	Maracaibo .....	.2253	150 98
1,089 pounds.	Java.....	.2922	318 28
60 pounds.	Mocha.....	.3221	19 53
100,351 pounds.	Rio.....	.1808	18,153 23
102,720 pounds.			\$18,776 26

24. State the per capita and total cost for the year for the diversion and amusement of patients.

NEW YORK CITY ASYLUM.

Total cost, \$1,167.25; per capita cost, .18.

Special Reports of the New York and Kings County Asylums.

KINGS COUNTY LUNATIC ASYLUM.

Nothing.

25. State what provisions are made for religious services for patients, as regards denominations or creeds, and the frequency of holding such services; also the per capita and total cost of the same.

NEW YORK CITY ASYLUM.

Upon Ward's Island, in the female department, religious services are held at 8 o'clock every Sunday morning and 4 o'clock every Sunday afternoon, confession every Saturday, and special services on all important feast days in the Roman Catholic chapel.

Protestant services are held at 10 o'clock every Sunday morning, and at 4 o'clock every Thursday afternoon.

In the male department two religious services are held each Sunday, one being a Protestant and the other a Catholic service. Both clergymen officiating are regularly appointed chaplains to the asylum.

A church at the north end of Hart's Island is used for Catholic and Protestant services; at the south end there is a church for Catholic services, Protestant services being held in the general dining-room.

Catholic services are held each Sunday and Protestant services upon alternate Sundays.

Religious services (Protestant) are held at the City Farm every Sunday afternoon by the chaplain.

The per capita cost of religious services in the city asylums for the year was \$0.3324; and the total cost, \$2,186.52.

KINGS COUNTY LUNATIC ASYLUM.

Provisions are made for both Catholic and Protestant services once a week. The cost is \$600 at each place (Brooklyn and King's Park); total, \$1,200 per year.

Special Reports of the New York and Kings County Asylums.

26. State the various kinds of industrial occupations provided for patients, and the average number of patients engaged in each during the fiscal year.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Occupation.	<i>Female Department.</i>	Average number engaged in each.
Factory:		
Brushmaking.....		6
Chaircaning.....		1
Upholstering.....		2
Weaving.....		2
Matmaking.....		4
Sewing:		
Dressmaking.....		18
Plain sewing.....		68
Machine operating.....		14
Linen marking, , , ,		6
Sewing on ward.....		296
Domestic:		
Cooking.....		20
Chamberwork.....		7
Laundry.....		107
Preparing vegetables.....		29
Waiting on table.....		20
Ward work.....		542
Fancy work:		
Drawing.....		1
Painting.....		1
Fancy sewing, knitting, crocheting, etc.....		109

Special Reports of the New York and Kings County Asylums.

WARD'S ISLAND.		Average number engaged in each.
Occupation.	<i>Male Department.</i>	
Tailors.		24
Broommakers.		2
Matmakers.		14
Shoemakers.		6
Carpenters.		11
Printers.		9
Painters.		6
Plasterers.		6
Tinsmiths.		6
Blacksmiths.		2
Plumbers.		3
Firemen.		13
Coal handling.		13
Gardeners.		7
Farmers.		12
Outdoor improvement.		115
Drivers.		30
Bakers.		20
Clerks.		10
Cooks.		40
Waiters.		35
Nurses.		15
Laundrymen.		40
Filling beds and hair-picking.		38
Halls.		28
Upholsterers.		5
Assisting on wards and dining-rooms.		300

Special Reports of the New York and Kings County Asylums.

HART'S ISLAND.

Occupation.	Average number engaged in each.
Boiler-room.	3
Carpenters.	2
Bakers.	6
Drivers and stablemen.	8
Laundresses.	69
Drugstore.	1
Offices.	3
Storerooms.	5
Kitchens.	31
General dining-rooms.	15
Painting.	3
Plastering.	1
Soapmaking.	2
Farmers.	14
Blacksmith.	1
Masons.	8
Cutting-room.	5
Tailor.	1
Housework, sewing, knitting, making mattresses and hair pillows.	512
Fancy work.	5
Repairing and making roads.	10
Unloading and trimming coal.	20

CENTRAL ISLIP.

Occupation.	Average number engaged in each.
Tailors.	4
Carpenters.	3
Painters.	4
Masons.	6
Gardeners.	56
Bakers.	8
Plumbers.	1
Clerks.	1
Cooks.	17

Special Reports of the New York and Kings County Asylums.		Average number engaged in each.
Occupation.		
Waiters.		3
Nurses.		2
Laundrymen.		20
Firemen.		8
Farmers.		124
Outdoor improvement.		220
Drivers and stablemen.		7
Wards and dining-rooms.		273
Blacksmiths.		1
Tinsmiths.		1
Shoemakers.		7
Broommakers.		1
Sewing.		96
Laundrywomen.		30
Knitting.		15

KINGS COUNTY LUNATIC ASYLUM.

Sewing-rooms, dining-rooms, laundries, bakery, kitchens, boiler-houses, tinsmith shop, carpet, mat, rugs, brush, broom and mattress-making, clock and shoe repairing, painting and grounds.

The daily average number of patients engaged in the sewing-rooms is 156; in the dining-rooms, 105; in the laundries, 96; kitchens, 38; centre-house, 12; vegetable-rooms, 24; hall work, 475; shoe shop, 7; bakery, 8; butcher shop and store-house, 4; painters, 12; mason, 6; tailor shops, 19; mattress-making, 47; carpet-making, 16; matmaking, 10; brushmaking, 6; broom-making, 3; clock repairing, 1; printer, 1; fire and boiler-rooms, 33; farm workers, 42; working on grounds, 80; tinsmith shop, 3; and otherwise employed, 40.

Special Reports of the New York and Kings County Asylums.

27. State what proportion, if any, of patients' wearing apparel, including headgear and footwear, also nurses' uniforms, is made at asylum.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

	Per cent.
Chemises, flannel, canton.....	100
Chemises, flannel, red.....	100
Chemises, muslin.....	100
Drawers, flannel, canton.....	100
Drawers, flannel, red.....	100
Drawers, muslin.....	100
Dresses.....	100
Night gowns.....	100
Petticoats.....	100
Stockings.....	50
Ulsters.....	100
Uniforms, attendants'.....	100
Wrappers.....	100
Waists, corset.....	100

Male Department.

	Per cent.
Coats.....	20
Pants.....	38
Vests.....	21
Caps.....	100
Pairs of mittens.....	100
Dressing gowns.....	100
Pairs of shoes.....	1
Pairs of slippers.....	35
Shirts.....	100
Suspenders.....	100

Special Reports of the New York and Kings County Asylums.

Besides the above, the repairing of all the patients' clothing and 3,284 pairs of shoes was done.

All our attendants' uniforms are purchased.

HART'S ISLAND.		Per cent.
Check and ticking aprons.....		100
Chemises, muslin.....		100
Chemises, flannel, canton.....		100
Chemises, flannel, red.....		100
Drawers, muslin.....		100
Drawers, flannel, canton.....		100
Drawers, flannel, red.....		100
Dresses, summer.....		100
Dresses, winter.....		100
Night gowns.....		100
Petticoats.....		100
Mitts.....		50
Wrappers, flannel, red.....		100
Shirts, denim.....		100
Caps, cloth.....		100
Stockings.....		100
Pants, winter.....		63
Vests, winter.....		41
Jackets, winter.....		54
Jackets, summer.....		37
Pants, summer.....		44
Vests, summer.....		38
Suspenders.....		100
Bathing suits.....		100
Cloth cloaks.....		100
Female attendants' uniforms.....		100

Special Reports of the New York and Kings County Asylums.

CENTRAL ISLIP.

	Per cent.
Chemises, flannel, canton.....	100
Chemises, flannel, red.....	100
Chemises, muslin.....	100
Drawers, flannel, canton.....	100
Drawers, flannel, red.....	100
Drawers, muslin.....	100
Dresses.....	100
Night gowns.....	100
Petticoats.....	100
Stockings.....	100
Usters.....	100
Uniforms, attendants.....	100
Coats.....	25
Pants.....	25
Vests.....	25
Caps.....	100
Pairs of mittens.....	100
Shirts.....	100
Suspenders.....	100

KINGS COUNTY LUNATIC ASYLUM.

Practically all the clothing for patients is made in the asylum, but no uniforms, except for women attendants.

28. State in detail the kind and extent of "fire protection" appliances now possessed by the asylum, and what additional means of extinguishing fires, if any, should, in your opinion, be provided; also, if there is a regularly organized "fire brigade," describe its organization and operation.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

On Ward's Island, in the female department, there is an engine-house, with one fire engine, carriage and hose; fire pipe in center

Special Reports of the New York and Kings County Asylums.

of the "Verplanck" building, with connections and hose pipes that can be used on all halls and basement, and a fire alarm system which connects with the city fire department.

On Blackwell's Island there is a fire alarm system between pavilions "D" and "E," and in the "Retreat" building, connected with engine company No. 49, located on the island.

In addition, there are sixty-four extinguishers; 248 hand grenades and eighty-one buckets, that are not used for any other purpose, distributed throughout the institution, and all the bath-tubs are kept filled with water during the night, and pails placed near them ready for use.

Fire escapes are required on the building known as "Branches 1, 2 and 3," and on the "Annex" building, Ward's Island.

Male Department.

There is a steam fire engine in one of the buildings immediately adjoining the main asylum which is regularly inspected and tested by the officers of the New York city fire department.

All of the wards are provided with fire extinguishers and hand grenades, and at night the bath tubs and some six pails to each ward are kept filled with water for immediate use. There is, also, a large fire service pipe throughout our main building, connected with a stand pipe and hydrant connection in each ward, with necessary hose, etc., stored ready for use in the fire box, which is kept open at night. Water is obtained for the fire hose in the wards from tanks over each of the wings, but, in addition, there is an electric signalling system from each ward to the main office, and from there to the boiler-room, where the service pipe is supplied by a large fire pump by which a pressure upon the fire service pipe can be obtained at once.

The east building has a similar equipment of extinguishers, grenades, etc., and has a stand pipe upon each floor, with hose, etc., for use. All hose and all hose connections are of standard size. There are a number of hydrants outside of each of the asylum buildings for the engine connections, and there are alarm boxes close to the buildings connected with the city fire alarm service.

Special Reports of the New York and Kings County Asylums.

It is necessary, in my opinion, to rearrange the fire service in the east building so as to provide a separate fire connection upon each ward as well as upon the outside halls on each floor as now arranged, and to construct this service in the same way as in the main building, so that a pressure can be obtained upon the main pipes, in addition to the tank pressure, without delay. This would, also, include a separate fire alarm service with the boiler-house belonging to this building.

I believe that it would, also, be well to have a few extra hydrants provided outside of the buildings.

In case of a fire the first arrangements are controlled by the employees of the asylum, and they are at times exercised in operating the fire engine to familiarize them with it. All later arrangements are controlled and managed by the regular employees of the city fire department upon their arrival.

HART'S ISLAND.

Fire hydrants near each pavilion; hose, hose carriages, fire extinguishers and fire ladders are kept in centrally located buildings; each pavilion is supplied with Babcock fire extinguishers, hand grenades, fire pails and the bath tubs are kept filled with water at night; there is a chemical engine at the north end of the island.

Of the two-story buildings, pavilion 4 and the laundry are the only ones built with fire escapes. As additional means of protection I would suggest that the remaining two-story buildings, pavilions 3 and 5, be also supplied with fire escapes, and that the number of fire extinguishers be increased.

There is no regularly organized "fire brigade," but the employees have occasional practice in attaching the hose to the fire hydrants.

CENTRAL ISLIP.

Each ward is supplied with hand grenades and Babcock fire extinguishers, also with 200 feet of hose, nozzles and wrenches, complete, which in case of fire can be readily attached to the

Special Reports of the New York and Kings County Asylums.

hydrants outside of each pavilion. In addition to this the bath tubs and pails in each ward are kept filled with water ready for immediate use, and the old pavilions (wooden) are provided with fire ladders. There is one hose carriage with 200 feet hose, also fire axes.

Upon an alarm of fire word is immediately telephoned to the office and a general alarm sent out both by telephone and the ringing of the bell, which centralizes a sufficient number of officers, employes and attendants with the extra hose carriage and fire axes, etc., at the scene of the fire. All officers, employes, detailed attendants and one attendant from each ward respond to a fire call.

KINGS COUNTY LUNATIC ASYLUM.

Hose company, stand pipes with hose attached on each ward, and a quantity of pails and fire extinguishers throughout the institutions.

29. State separately the acreage of farming and grazing lands, the number of acres actually cultivated, and the kinds and quantities of crops, including vegetables and fruits, produced during the year, together with the estimated value of each kind, and the total value.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

Acres of farming land.....	13
Acres of grazing land.....	15
Number of acres actually cultivated.....	13

Special Reports of the New York and Kings County Asylums.

Crops produced and estimated value of each:

Squash, 500 barrels	\$250 00
Cabbage, 187 barrels	121 55
Corn, 287 bushels	143 50
Hay, 4 tons	60 00
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Total value	\$575 05
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Male Department.

There are about eighteen acres of farm land under cultivation and about thirty acres of grazing land.

The kinds of vegetables, etc., produced during the year, with their quantities and estimated value, are as follows:

CROP.	Quantity.	Estimated value.
Squash.....	402 barrels	\$201 00
Beet roots.....	426 barrels	319 50
Leeks.....	280 barrels	140 00
Tomatoes.....	1,076 bushels.....	538 00
Onions.....	417 barrels	625 50
Lima beans.....	43½ bushels.....	43 50
Sweet corn.....	35,914 ears	179 50
Cabbage.....	381 barrels	228 00
Peas.....	57 bushels.....	71 25
Cucumbers.....	163 dozen.....	9 50
String beans.....	378 bushels.....	25 20
Lettuce.....	622 barrels	77 50
Spinach.....	188 barrels	141 00
Radishes.....	88 bushels.....	44 00
Parsnips.....	448 barrels	448 00
Celery.....	282 dozen	141 00
Carrots.....	91 barrels	45 50
Turnips.....	203 barrels	101 50
Total value.....		\$3,379 45

HART'S ISLAND.

Twelve acres farming land, two acres grazing land, twelve acres are actually cultivated.

Special Reports of the New York and Kings County Asylums.

Kinds and quantities of crops, including vegetables and fruits.

CROP.	Quantity.	Estimated value.
Radishes	1,500 quarts	\$225 00
Peas	22 bushels	27 50
Lettuce	10,923 heads	327 69
Beans	4 $\frac{1}{2}$ bushels	51 88
Onions	212 $\frac{1}{2}$ bushels	159 19
Beet tops	52 $\frac{1}{2}$ bushels	21 00
Beets	30 bushels	22 50
Spinach	950 heads	28 50
Strawberries	71 quarts	8 52
Tomatoes	290 bushels	261 00
Pumpkins	450	90 00
Potatoes	52 $\frac{1}{2}$ bushels	39 38
Squash	425	42 50
Sweet corn	61,550 ears	923 25
Cabbage	1,431 heads	57 24
Parsley	29 heads	1 45
Turnips	66 $\frac{3}{4}$ bushels	43 39
Carrots	105 $\frac{1}{4}$ bushels	68 74
Parsnips	65 $\frac{1}{2}$ bushels	42 58
Kale	26 barrels	26 00
Cauliflower	404 heads	24 24
Celery	3 heads	30
Total value .....	.....	\$2,501 85

CENTRAL ISLIP.

Number of acres of farming land, 116; number of acres of grazing land, 30; total number of acres actually under cultivation, 146.

CROP.	Quantity.	Estimated value.
Asparagus	492 bunches	\$100 00
Apples	99 bushels	45 00
Beets	209 bushels	180 00
Beans, string	175 bushels	140 00
Beans, Lima	75 bushels	115 00
Cabbage	26,400 heads	1,319 61
Carrots	325 bushels	165 00
Cucumbers	15,600	85 00
Corn, sweet	15,300 ears	153 00
Corn, fodder	20,210 pounds	55 00
Corn, field	59 bushels	42 00
Cauliflower	1,050 heads	105 00
Egg plant	1,055	85 00
Hay	7,460 pounds	55 00
Kohl rabi	1,589 quarts	60 00
Leeks	16 bushels	48 00
Lettuce	13,655 heads	275 00

Special Reports of the New York and Kings County Asylums.

CENTRAL ISLIP — (*Continued*),

CROP.	Quantity.	Estimated value.
Melons, musk.....	2,628	\$200 00
Melons, water.....	987	176 00
Mangles.....	150 bushels	60 00
Onions.....	361 bushels.....	275 00
Oyster plant.....	12 bushels.....	18 00
Okra.....	30 quarts	3 50
Peppers.....	1,341 quarts	50 00
Parsnips.....	307 bushels.....	307 00
Peas.....	33 bushels.....	27 00
Potatoes.....	4,952 bushels.....	3,000 00
Pumpkins.....	226	25 00
Parsley.....	583 quarts.....	56 00
Rhubarb.....	5,860 bunches	293 00
Radishes.....	5,515 bunches	200 00
Rye.....	221 bushels.....	180 00
Squash.....	5,368	325 00
Straw, rye.....	23,060 pounds.....	165 00
Straw, wheat.....	14,320 pounds	60 00
Spinach.....	4,795 quarts.....	40 00
Turnips.....	1,880 bushels.....	1,034 00
Wheat.....	137 bushels.....	110 00
Tomatoes.....	1,039 bushels.....	420 00
Tomatoes, strawberry.....	226 quarts.....	15 00
Blackberries.....	8 quarts.....	96
Grapes.....	560 quarts.....	75 00
Gooseberries.....	178 quarts.....	28 00
Pears.....	14 quarts.....	50
Strawberries.....	2,426 quarts.....	250 00
Total value.....	.....	\$10,315 07

KINGS COUNTY LUNATIC ASYLUM.

There are 114 acres under cultivation.

30. Give an itemized list of electro-therapeutic appliances possessed by the asylums; also your opinion based on experience or otherwise, as to the value of electricity in the treatment of insanity.

NEW YORK CITY ASYLUM.

Five Faradic batteries.

Five galvanic batteries.

One case of electrodes.

I regard electricity as a valuable therapeutic agent in the treatment of certain forms of insanity.

Special Reports of the New York and Kings County Asylums.

KINGS COUNTY LUNATIC ASYLUM.

There are, strictly speaking, no special hydro-therapeutic appliances.

31. State the per capita and total cost of medicines and medical stores purchased during the year.

NEW YORK CITY ASYLUM.

Total cost, \$7,423.03; per capita cost, \$1.13.

32. Give an itemized list of "instruments of precision," surgical and medical appliances purchased by the asylums during the year, and the total cost of the same.

NEW YORK CITY ASYLUM.

Air bag, Politzer	1
Air pump	1
Air receiver and gauge	1
Applicator, Wylie's cervical	1
Aspirator, with pump	1
Atomizers	20
Atomizers, pump, spray and connection.....	1
Atomizers and nasal spray.....	6
Atomizers, vaseline	2
Atomizer stand, hard rubber.....	1
Aural diagnostic tube	1
Aural snare	1
Bag, ambulance	1
Bags, hot water	2
Bags, ice	3
Bags, surgeons'	2
Bandage roller	1
Bandages, suspensory	60

Special Reports of the New York and Kings County Asylums.

Basins, pus	5
Basins, solution	6
Battery, No. 8	1
Battery, 50-cells	1
Battery, McIntosh	1
Blowers, iodoform	3
Bottles, hot-water, two-quart	12
*Bougies, olive	12
Bougies, a boule	6
Boxes, iodoform	4
Brushes, surgical	12
Caps, ice	3
Cataract mask	1
Cases, pocket	10
Cases, post-mortem	2
Catgut, cards	12
Catgut, coils, assorted	24
Catheter, double, perforated	1
Catheter, Eustachian	1
Catheters, Eustachian	3
Catheters, Knott's double current	2
Catheter, Gouley	1
Catheters, soft rubber	12
Cautery, Pacquelin	1
Clamps, artery	9
Clamp, Esmarch artery	1
Clamp, pedicle	1
Clamp, Satherwaite's ovarian	1
Concentrator, Mackenzie's light	1
Cots, finger	24
Curette, dermal	1
Curette, Thomas'	1
Cushions, invalids'	2
Depressor, Sims' double	1
Depressor, tongue	1
Dilator	1

Special Reports of the New York and Kings County Asylums.

Dilator, Goodell's uterine	1
Dilator, tracheal	1
Dilator, oesophogeal set	1
Dishes, glass	6
Douches, nasal, Birmingham's	12
Extension, Buck's	1
Extractor, Comedo	1
Forceps, artery	6
Forceps, aural dressing	1
Forceps, cross-bar	1
Forceps, cilia	1
Forceps, dental	4
Forceps, dressing	2
Forceps, ear, Pomeroy's	1
Forceps, epilating	1
Forceps, foreign body	1
Forceps, lateral throat, Mackenzie's.....	1
Forceps, Piffard's	1
Forceps, lid	1
Forceps, Politzer's cottonwood	1
Forceps, tenaculum, Wylie's	1
Forceps, Tieman's needle	1
Forceps, traucoma	1
Forceps, uterine dressing	2
Gag, mouth	1
Gauze, yards	5
Glasses, eye bath	6
Glasses, covers, for microscope, ounces.....	1
Gut, silk worm, bundle.....	1
Hammer, post-mortem	1
Herniotome, Wales'	1
Holders, needle	2
Holder, needle, Otis'	1
Holder, needle, Hagedorn	1
Holders, sponge	15
Instruments, eye, Agnew, case.....	1

Special Reports of the New York and Kings County Asylums.

Instrument carrier	1
Jars, museum	30
Knives, cataract	2
Knives, canalicular	1
Lamp, non-explosive spirit	1
Lancet, gum	1
Laryngoscopes	2
Microtome	1
Mirrors, head	2
Mirrors, laryngoscopic	6
Needles, hypodermic	90
Needles, Hagedorn	48
Needles, surgical	180
Ophthalmoscope	1
Oxygen cylinders	2
Plates, culture, with covers	6
Plates, Jaeger's tortoise-shell	1
Probe, Buck's cotton	1
Probe, ear	1
Probe, Lewis'	1
Probe, laryngeal	1
Pump, stomach	1
Pulley, Sims'	1
Razor, surgical	1
Reels, glass	6
Retractors, eyelid	2
Retractors, Langenbeck's blunt	2
Saw, nasal	1
Scalpels	7
Scissors, sharp-curved	4
Scissors, knee-bent	2
Scissors, cervix	2
Scissors, nasal angular	1
Scissors, pocket	1
Scissors, bandage	9
Scissors, blunt-curved	3

Special Reports of the New York and Kings County Asylums.

Sounds, steel	4
Sounds, Simpson's uterine	1
Speculum, cervical	1
Speculum, Bosworth's	1
Speculum, vaginal, Wylie's	2
Splints, Lewis', sets	2
Splints, radial, sets	4
Sponges, pounds.	2
Sterilizer, Arnold's.	1
Stethoscopes	8
Supporter, Mackintosh	1
Shades, eye	12
Serre-fin	6
Silk, assorted coils	24
Silk, cards	36
Slides, microscopic	344
Syringes, Goodyear's	93
Syringes, Acme	12
Syringes, bulb	1
Syringes, bulb, with stop-cock	1
Syringes, ear	12
Syringes, fountain	6
Syringes, hypodermic	14
Syringes, lachrymal, McFarlane's	1
Syringes, post-nasal, hard rubber.	1
Table, operating	1
Tenaculum, Sims'	1
Thermometers	80
Trays, instrument	4
Trusses	19
Tubes, Bessemer spray	24
Tubes, spray, with bottle and cork.	36
Tubes, feeding	32
Tubes, nasal feeding	27
Tubes, colon	3
Tubes, tracheotomy	4

Special Reports of the New York and Kings County Asylums.

Tubes, glass-drainage	6
Tubing, drainage, feet.....	97
Twister, for wire	1
Tampon screw	1
Urine, Purdy's apparatus	1
Wire, silver coils	4

Total cost, \$1,456.47.

KINGS COUNTY LUNATIC ASYLUM.

None.

33. Give an itemized list of medical books purchased during the year, and the total cost of the same.

NEW YORK CITY ASYLUM.

The following medical books were purchased during the year:

Alcohol, Carpenter; alcoholism, Mosher; bacteriology, principles of, Abbot; Body and Mind, Maudsley; Brain, three numbers; Brain Diseases, Diagnosis of, Gower; Brain, Function of, Ferrier; Brain and Spinal Cord, Horsley; Brain Surgery, Starr; Children, Diseases of, Smith; Dictionary, Medical, Dunglison; Dictionary, Medical, Gould; Dictionary, Psychological, three sets, two volumes each, Tuke; Digestion and Disorders, Pavy; Ear, Manual of the Diseases of the, Buck; Electricity, Medical, Stevenson and Jones; Epilepsy, Pathology and Treatment, Hare; Heart, Senile, Balfour; Histology, Normal, Pearsol; Hygiene, Parks; Hypnotism, V. Krafft-Ebing; Inebriety, Clune; Insanity, Bevan Lewis; Insanity, Handbook of (two copies), Kirschhoff; Insanity, Clouston; Insanity, Spitzka; Jurisprudence and Toxicology, Medical (2 copies), Reese; Localization, Ferrier; Materia Medica, Pharmacy and Therapeutics, Potter; Materia Medica and Therapeutics, Bartholow; Medicine, Practice of, Osler; Mental Diseases, Clouston; Mental Diseases, Responsibility in (2 copies), Maudsley; Mental Diseases, A Text Book of, Lewis; Microscope and Microscopical Technology, Frey; Nervous System, Diseases of the (2 sets, 2 volumes each),

Special Reports of the New York and Kings County Asylums.

Gower; Pathology (three volumes), Hamilton; Pathology of Mind (2 copies), Maudsley; Physiology of Mind, Maudsley; Physiology and Pathology of Mind, Maudsley; Psychology, Ladds; Psychology (2 volumes), James; Sanity and Insanity, Mercier; Surgery, Manual of Modern, DaCosta; Therapeutics, Handbook of, Ringer; Therapeutics, Manual of, Stevens; Throat Diseases, McBride; Vade Mecum Microtomists, Lees; Women, Diseases of, Garrigues; Women, Evolution of the Diseases of, Balls-Headley; total cost, \$205.58.

KINGS COUNTY LUNATIC ASYLUM.

None.

34. Give an itemized list of medical journals regularly received on subscription during the year, and the total cost of the same.

NEW YORK CITY ASYLUM.

British Journal Mental Science, Psychological Review; total cost, \$9.

KINGS COUNTY LUNATIC ASYLUM.

None.

35. Give an itemized list of other publications, including books, magazines, daily newspapers, etc., purchased or received on subscription or donation by the asylum during the year, and the total cost of the same.

NEW YORK CITY ASYLUM.

WARD'S ISLAND.

Female Department.

Anderson's Fairy Tales, Arabian Nights' Entertainment, A Bow of Orange Ribbon, Jan Vedder's Wife, Conningsby, Household Idol, New Princes Fortunatus, Princess of Thule, Yolande, Lorna Doone, Dora Thorne, Jane Eyre, Shirley, Poems, 3 volumes; Eugene Aram, Last Days of Pompeii, Poems, one volume; Miss

Special Reports of the New York and Kings County Asylums.

Milne and I, The Deemster, Law and the Lady, Moonstone, Last of the Mohicans, Lionel Lincoln, The Deer Slayer, Henrietta; or a Corsican Mother, A Romance of Two Worlds, Two Years Before the Mast, Robinson Crusoe, John Ward, Preacher, Barnaby Rudge, Child's History of England, Christmas Stories, David Copperfield, Dombey and Son, Great Expectations, Martin Chuzzlewit, Nicholas Nickleby, Oliver Twist, Our Mutual Friend, Tale of Two Cities, The Old Curiosity Shop, Pickwick Papers, Airy Fairy Lilian, A Mental Struggle, Dick's Sweetheart, Lord Beresford, A Daughter of Heth, Phyllis, Portia, The Duchess, The Three Guardsmen, Twenty Years After, Adam Bede, Daniel Deronda, Felix Holt, Middlemarch, Romola, Ties Human and Divine, Romance of a Poor Young Man, Fair Women, File 113, Fairy Tales, Vicar of Wakefield, Poems, 1 volume; Silence of Dean Maitland, She, A Pair of Blue Eyes, Far From the Madding Crowd, Luck of Roaring Camp, Poems, 1 volume; House of Seven Gables, Scarlet Letter, Twice Told Tales, The Squire's Legacy, A Fatal Misunderstanding, A Poor Girl, A Sister's Love, Gertrude's Marriage, Misjudged, Aesop's Fables, Tom Brown's School Days, Tom Brown at Oxford, Les Miserables, Yellow Aster, The Alhambra, Sketch Book, History of New York, Three Men in a Boat, Hypatia, Soldiers Three, Charles O'Malley, Harry Lorequer, Poems, 1 volume; Handy Andy, Rory O'More, Donovan, Hardy Norseman, Knight Errant, We Two, Conscience, Gold Elsie, Old Mamselle's Secret, Frederick the Great and His Court, John Halifax Gentleman, Syrlin, Tricotrín, Under Two Flags, Scottish Chiefs, Thaddeus of Warsaw, Hard Cash, That Land of the Sun, The Quick or the Dead, Virginia of Virginia, Children of the Abbey, Barriers Burned Away, Opening a Chestnut Burr, The Flying Dutchman, The Bride of Lammermoor, Guy Mannering, Ivanhoe, General Johnson, Within Royal Palaces, Samantha at Saratoga, Uncle Remus and His Friends, Recollections of a Lifetime, Sesame and Lilies, Bill Nye's History of the United States, Pilgrim's Progress, Kenilworth, Peveril of the Peak, The Abbott, The Antiquary, The Betrothed, The Monastery, Robert Toombs, Rob Roy, Waverley,

Special Reports of the New York and Kings County Asylums.

Black Beauty, Gulliver's Travels, Swiss Family Robinson, Merry Men, Views Afoot, Vanity Fair, The Prime Minister, Adventures of Huckleberry Finn, Adventures of Tom Sawyer, Innocents Abroad, The Gilded Age, Roughing It, Sketches Old and New, Tramp Abroad, Mysterious Island, Tour of the World in Eighty Days, Twenty Thousand Leagues Under the Sea, A Woman's Face, Deldee, House on the Marsh, Wide, Wide World, Queechy, Under the Red Robe, At the Mercy of Tiberius, Beulah, Inez, Infelice, Macariah, St. Elmo, Vashti, Downfall, Kit Carson, David Crockett, Christopher Columbus, Czar and Sultan, Life of U. S. Grant, Mayne Reid, Our Presidents, United States History, Samantha Among the Colored Folks, Uncle Remus, His Songs and Sayings, Crown of Wild Olives, Self-Help, Writings and Speeches of Grover Cleveland, Natural Law in the Spiritual World, Moore's Poems, 1 volume; Poe's Novels, 4 volumes; Poems of Adelaide Proctor, 1 volume; Shakespeare, Handy Set, 13 volumes; Tennyson's Poems, 1 volume; A Study in Scarlet, A Woman's Love Story, Don Quixote, For Lilius, Search for Basil Lyndhurst, The Firm of Girdlestone.

The New York Staats Zeitung, Nedelni New Yorkse Listy, and Puck are donated. No publications are received on subscription.

The Hospital Book and Newspaper Society contributes miscellaneous reading matter from time to time.

Total cost, \$110.96.

WARD'S ISLAND.

Male Department.

John Halifax, Treasure Island, Undine, Consuelo, Wild Life, Smoke, Peninsular California, Mine Own People, Plain Tales, Bostonians, Count of Monte Cristo, Taking of the Bastile, Vicomte de Bragelonne, Campaigning with Crook, Two Soldiers, John Bull & Co., Huckleberry Finn, Bureaucracy, 1,000 Miles up the Nile, End of the World, Edwin Drood, Jonathan, Adventures of a Brownie, Wanda, Egyptian Princess, Hector Servadac, Ogilvies, Bag Pipes, Man Without a Country, Story of the Mill, Round the

Special Reports of the New York and Kings County Asylums.

Red Lamp, Chinese Gordon, Rollins' Ancient History, 4 volumes; Peter Stuyvesant, Frenchmen in America, Honor and Life, Three Roman Girls, Pelham, Maximilian and Carlotta, Story of Pilgrim, Among the Tibetans, The Raid, Sarah Dakota, Pearl of India, Under Pressure, English Poetry and Poets, Recovery of Spain, Mamie Woods, Donald Grant, White Jacket, Russia (Story of Nations Series), In Trust, Fortunes of Faradays, The Danube, Horace Templeton, Agassiz's Journey, Tales of Argonauts, Nicholas Minturn, Modern Instance, Nanon, Mauprat, Scotch Naturalist, Robert Dick, Gabriel Conroy, Castle in Spain, Dodge Club, Gone to Texas, At the North Pole, Underground City, Wreck of the Chancellor, Undiscovered Country, Discovery of the Great West, Con Cregan, O'Donoghue, Fortunes of Glencore, Puritan Guest, By Order of the King, Men of Invention, Prophet of Smoky Mountain, Where the Battle was Fought, Tennessee Mountains, China (Story of the Nations series), Clive in India, Under Drake's Flag, Spell of Ursula, Tuscan Cities, Equatorial America, Hereward the Wake, 2 volumes; Frontier Stories, American Claimant, Tramp Abroad, Roughing It, Life on the Mississippi, Bell Ringer, General Hancock, History of Painting, Beacon Light, White Company, Kidnapped, Gate of Samana, Twenty Years After, Children of the Abbey, Essays and Addresses, Sir Robert's Fortune, Double Emperor, More Memories, In Cairo and Jerusalem, Cloud Mountain, St. John's Wooing, Cousin Pons, Who was Lost, David's Loom, Introduction to Comparative Psychology, Love in Idleness, Talk at a Country House, Highland Cousins, Under Fire, Christmas Hirelings, Manxman, Unfamiliar Japan, 2 volumes; Where Honor Leads, Sunless Heart, Dick o' the Fens, Golden Land, Mists, Great Treason, Josiah Edgewood, Story of Lawrence Garthe, Kitty Alone, John March, Great Taboo, Colonial Cavalier, Austin Elliot, Vagabonds, Bread and Butter Miss, Micah Clark, Tales of a Traveller, Centuries Apart, Blue Ribbon, Modern Wizard, Between the Light, Germany (Story of the Nations series), Norway (Story of the Nations series), Oregon Trail, Strange People's Country, The Moon, Cesar Birottean, Lost Illu-

Special Reports of the New York and Kings County Asylums.

sions, With the Immortals, To Leeward, Sarascenesca, Khaled (tale of Arabia), Great Man of the Province, The Chouans, Eugene Graudet, Concord and Merrimac Rivers, Yankee in Canada, Dan the News Boy, Wandering Jew, Marcella, 2 volumes; Russia (Story of the Nations series), Scottish Chiefs, Montezuma, Ten Thousand a Year, King Richard 3d, 2 volumes; Old Land Marks, Labor and Sorrow, Pictures of the Fair, Sights and Scenes, Cooper's Sea Tales, 5 volumes; Count of Monte Cristo 2d, Land of Changing Sun, Nine Blessings, Minister of Grace, Winnings of the West, George Elliot, 12 volumes; Leatherstocking, 5 volumes; Message of Faith, Treasure Island, Voyage Around the World, 3 volumes; Origin of Species, Spanish Gypsy, Exploration of the World, Hoosier Schoolmaster, Life of Napoleon, 3 volumes; The Light that Failed, Stories of Greece, Woodstock, Forty Witnesses, Matter of Honor, Ferdinand and Tomaso, Sirs only Seventeen, Barby Coey's Philosophy, Victor Hugo, 6 volumes; Power of the Will, New Way Round the World, French Revolution, American Indian, Stories of Nations, 8 volumes; Westward Ho, Hentry, 18 volumes; Congo River, Cast Up by the Sea, Blue and Gray, 6 volumes; Young Miss Jardine, Agatha's Husband, King Arthur's Court, Kings in Exile, Roxy, Daughter of an Egyptian King, Lao-dicean, Heda Gabler, Homo Sum, On the Eve, Before the War, On the Plantation, Making the Great West, Caesar Gabriel, Circuit Rider, Due West, Spring Flood, Under the Green Wood Tree, Return of the Native, Queens of Scotland, 2 volumes; Footprints of Creator.

The Staats Zeitung, Volkes-Zeitung and Puck are donated to the asylum.

Total cost, \$250.

HART'S ISLAND.

New York Herald, daily and weekly; New York Sun, daily and weekly; New York World, daily and weekly; New York Recorder, daily and weekly; New York Morning Journal, daily and weekly; New York Tribune, daily and weekly; New York Times, daily and weekly; New York Mail and Express, daily and weekly; New York

Special Reports of the New York and Kings County Asylums.

Commercial Advertiser, daily; New York Press, daily; Boston Daily Advertiser, New York Evening World, Sun and Telegram; Chicago Daily Tribune, Portland Daily Press, Churchman, War Cry, Staats Zeitung, daily; The Outlook, weekly; Public Opinion, weekly; Congregationalist, weekly; Observer, weekly; Christian Intelligencer, weekly; Christian Herald, Conglomerate, weekly; Puck, Harper's Weekly, Harper's Bazaar, Frank Leslie's Weekly, Judge, Life, Ladies' Home Journal, Munsey's Magazine, Godey's Magazine, Harper's, Century, Cosmopolitan, Scribner's, McClure's, New England, magazines; occasional packages of fiction, tracts and other pamphlets. The above are received by donation from the Hospital Book and Newspaper Society; none are purchased or subscribed for.

CENTRAL ISLIP.

Chouans, Great Man of Province, Tuscan Cities, Christian Recovery of Spain, Circuit Rider, Before the War, Power of the Will, Forty Witnesses, Count of Monte Cristo, 2 volumes; Rollin's Ancient History, 4 volumes; Cooper's Leatherstocking Tales, 5 volumes; Journey in Brazil, Under Fire, Marcella, 2 volumes; On Cloud Mountain, Wandering Jew, Going to Texas, Golden Magnet, Love in Idleness, Bostonians, Island Cousins, John Bull & Co., Dick o' the Fenns, Modern Wizard, Clive in India, Adventures of a Brownie, Winning the West, 3 volumes; C. O'Donoghue, Undine, Tennessee Mountains, Fortunes of Glencore, Life on Mississippi, Eugene Graudet, Josiah Wedgewood, Equatorial America, Spree of Nesula, Roxy, Sirs only Seventeen, Cast Up by the Sea, To Leeward, Cooper's Sea Tales, 5 volumes; Blue and Gray Series, 6 volumes; Cairo, Jerusalem, Smoke, Double Emperor, Oregon Trail, Round the Red Lamp, Norway, Nanon, Plain Tales, Vagabond, Sons of Richard III, Germany, Roughing It, End of the World, Mine Own People, Montezumas, Among the Tibetans, Dan the Newsboy, Tramp Abroad, Vicomte de Bragelonne, 2 volumes; Where the Battle was Fought, By Order of the King, Con Cregan, Colonial Cavalier, Bagpipes, Wreck of the Chancellor, Hector, China, Ogilvies, Wild Life Under the Equator, Between the Lines,

Special Reports of the New York and Kings County Asylums.

Her Honor and Life, Pearl of India, Frenchmen in America, Hoosier Schoolmaster, Manxman, White Jacket, In Trust, The Light that Failed, Bread and Butter Miss, At the North Pole, Cousin Ponds, Introduction to Psychology, Voyage Around the World, 3 volumes; Gabriel Conroy, Pelham and Lucretia, Maid Marian, House of the Wolf, Lady Rotha, Bullet and Shell, Captain Horn, My Lady Nobody, Barnabas, The Master, Children of the Soil, Battlefields of '61, Battlefields and Victories, History of a Mine, Pictures of World's Fair, Abbot's Napoleon, 2 volumes; Under Pressure, Adventures of Huckleberry Finn, Beacon Lights, Donald Grant, Taking the Bastile, Dodge Club, White Company, Scotch Naturalists, Modern Instance, Russia, John March, Southerner; Prophet of the Great Smoky Mountain; Fortunes of Faradys, Kidnapped, Treasure Island, Friar Clark, Scottish Chiefs, Egyptian Princess, Underground City, Beurocracy, Under Drake's Flag, Strange Secrets, Gentlemen of France, Under the Red Robe, Beside the Bonnie Briar Bush, Adventures of Mensahib, Fort Wayne, Lilac Sunbonnet, Dr. Hathern's Daughter, Emin Pasha, Battlefields and Campfires, Tales of Argonauts, Sights and Scenes of the World, Set of George Elliot, 12 volumes; Dickens, 16 volumes.

From time to time daily and weekly newspapers, magazines and periodicals are donated by the State Charities Aid Association, of New York, and the Olympic Club, of Bayshore, L. I.

Total cost, \$173.32.

KINGS COUNTY LUNATIC ASYLUM.

Free contributions of books, magazines, etc.; also Brooklyn Daily Eagle, Brooklyn Daily Citizen, New York Daily World, New York Mercury, New York Times, New York Morning Advertiser, New York Commercial Advertiser, The Brooklyn Standard Union, Kings County Weekly Journal, The Voice, the Catholic Review, Irish World, Catholic News, the Spirit of the Times, the Ladies' Home Journal, Frank Leslie's and Harper's Weeklies.

Special Reports of the New York and Kings County Asylums.

36. State the total cost of new furniture, including beds and bedding, purchased by the asylums during the year.

NEW YORK CITY ASYLUM.

Seventy thousand, three hundred and forty-nine dollars and nine cents.

KINGS COUNTY LUNATIC ASYLUM.

Not given.

GENERAL REVIEW.

OPERATIONS OF EXEMPTED COUNTY SYSTEM.

Medical Service.

INSTITUTIONS.	Number of physicians.	Physicians to patients.	Attendants to patients.
New York city asylums.....	42	1 to 157	1 to 9
Kings county asylums.....	11	1 to 213	1 to 9

Maintenance.

INSTITUTIONS.	Annual per capita cost of maintenance.	Annual per capita cost of medical service to patients.
New York city asylums.....	\$169 65	\$4.878
Kings county asylums.....	162 20	4.46

Recoveries.

INSTITUTIONS.	Daily average population.	Recoveries.	Percentage.
New York city asylums.....	6,578	145	2.20
Kings county asylums.....	2,339	85	3.63

Special Reports of the New York and Kings County Asylums.

OPERATIONS OF EXEMPTED COUNTY SYSTEM — (*Concluded*).*Deaths.*

INSTITUTIONS.	Daily average population.	Deaths.	Percentage.
New York city asylums.....	6,578	636	9.67
Kings county asylums.....	2,339	220	9.40

PART III.

LICENSED PRIVATE INSTITUTION SYSTEM.

CHAPTER 29.

General Administration—Licensed Private Institution System.

The number of private institutions remains the same as at this date last year. The considerable cost of building or buying and suitably equipping an establishment for a private asylum, coupled with the fact that the field for this class of institutions in New York State seems to be fully occupied, is probably the reason why no increase in their number has taken place for the past year or two. It ought also to be said that the present lax state of the law in regard to prosecution and conviction of persons who set up without license what are termed "sanitariums" or "homes" or "retreats" for a class of so-called "nervous invalids," and under cover of this euphemism receive and detain actually insane people "for compensation or hire," thereby offending against the statute which forbids their doing so, "without first obtaining a license therefor from the Commission," has not a little to do with the result just noted. These unlicensed establishments, having no safeguard of legal authority or of official supervision and visitation, compete with and materially injure the business of the licensed institutions, and especially deserve reprobation, because there is practically nothing to countervail the greed of gain which governs them. The Commission earnestly renews its recommendation that the provisions of the statute, or of the Penal Code, or of both, on this head, be made so explicit and clear that persons guilty of the offense of establishing or keeping and maintaining an institution "for the care, custody or treatment of the insane, for compensation or hire, without first obtaining a license therefor from the Commission," may be convicted and punished

General Administration — Licensed Private Institution System.

with a degree of certainty, celerity and severity which shall effectually break up so reprehensible a practice.

Respecting the licensed private asylums it may be said that they meet an existing want, are in a very satisfactory state and are reasonably progressive in the matter of improvements, having during the year made many and marked changes for the better as to furniture, fixtures and appliances in general. The number of patients cared for in them has somewhat decreased, perhaps owing, in part, to the prevailing financial conditions, and perhaps, in part, to the fact that the State hospitals offer to people of moderate means an equal if not a better grade of care at a much lower charge. No scandal or serious trouble of any nature has occurred at any of the private institutions during the year; indeed, it may be said that, as now conducted under the responsibility of frequent inspection and the lawful authority of a license, without which they can not continue, the private institutions of New York State are meeting the just expectations of all concerned in their prosperity and of the public at large, whose interest in them relates to the safety and comfort of their inmates. All that the commission specially insists upon, beyond full compliance with the requirements of their license, is that they shall furnish to their patients a standard of care and treatment fairly commensurate with the social and financial standing of the class they receive and with the compensation paid them.

CHAPTER 30.

Special Reports of Private Asylums.

As noted in the case of the special reports of the State hospital system and the exempted county system, the questions for the special reports of private asylums have been carefully revised, and, so far as applicable to these institutions, are made to conform to those of the other two systems. For convenience, however, the answers to the various questions of the different institutions have been grouped.

1. State the capacity of the institution, the number for which it is licensed, and if it receives voluntary as well as committed patients.

BLOOMINGDALE ASYLUM.

There is no special number for which it is licensed. It receives none but committed patients. Capacity, about 400.

PROVIDENCE RETREAT.

Capacity is 100 women and 50 men; total, 150. None but committed patients are received.

MARSHALL INFIRMARY.

Capacity of the institution 60 — 30 men and 30 women. It does not receive voluntary patients.

LONG ISLAND HOME.

One hundred and fourteen is the capacity of the Long Island Home, and we are licensed for that number. No voluntary patients are received.

Special Reports of Private Asylums.

BRIGHAM HALL HOSPITAL.

Licensed for 78 patients. Capacity now 72, by reason of improvements. Receives only committed patients.

ST. VINCENT'S RETREAT.

Capacity, 60 patients; licensed for 60. Receives only committed patients.

WALDEMERE.

The capacity of the institution is 20; licensed for 18; and receives voluntary patients.

SANFORD HALL.

Capacity of the institution, 36; number for which it is licensed, 36. Voluntary patients not received.

BREEZEHURST TERRACE.

The capacity of the institution is 25 — men 13, women 12. It is licensed for both committed and voluntary patients.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

Sixteen female patients; licensed for 16. Receives only committed patients.

DR. PARSONS' HOME.

Licensed for 12 patients. Voluntary patients received.

DR. CHOATE'S HOME.

Its capacity is 10; is licensed for 10. Receives no voluntary patients.

DR. COMBES' SANITARIUM.

Dr. Combes' Sanitarium has capacity for, and is licensed to receive, 18 men and 16 women; in all, 34 patients. Although the terms of our license permit us to take voluntary patients none have been admitted during the year.

Reports of Private Asylums.

GLENMARY.

The capacity of Glenmary is 50 patients, for which number it is licensed. It receives voluntary patients.

FALKIRK.

Capacity, 34. Number for which it is licensed, 34. Receives both voluntary and committed patients.

VERNON HOUSE.

Capacity, 13; license, 16. Voluntary and committed patients are received.

THE PINES.

Capacity, 16. Receives voluntary patients. Licensed for 12.

INTERPINES.

Capacity, 18; licensed for 16. Receives both voluntary and committed patients.

2. State the number of physicians connected with the institution and the name and official title of each, i. e., whether physician in charge, consulting or assistant physicians.

BLOOMINGDALE ASYLUM.

Samuel B. Lyon, M. D., medical superintendent; Wm. E. Dold, M. D., first assistant physician; Charles E. Atwood, M. D., second assistant physician; Albert Durham, M. D., clinical assistant; Rose Pringle, M. D., clinical assistant and lecturer to training school.

PROVIDENCE RETREAT.

Three physicians.—Floyd S. Crego, consulting physician; Harry A. Wood, physician in charge; John H. Daniels, assistant physician.

Special Reports of Private Asylums.

MARSHALL INFIRMARY.

Six.—R. H. Ward, consulting physician; R. B. Bonticou, Sr.; Wash. Akin, R. B. Bonticou, Jr.; John Morris, attending physicians; Joseph D. Lomax, superintendent.

LONG ISLAND HOME.

There are two physicians connected with the home, the first designated as the physician in charge, and the second as assistant physician, both of whom reside in the home.

BRIGHAM HALL HOSPITAL.

Two physicians — physician in charge and assistant physician.

ST. VINCENT'S RETREAT.

Two physicians connected with the institution — physician in charge and attending physician.

WALDEMERE.

The number of physicians connected with the institution is two. Elon M. Carpenter is physician in charge, and James A. Arbuckle is assistant physician.

SANFORD HALL.

Two physicians are connected with this institution — Willet Stuart Brown, acting physician in charge; Edmund B. Thompson, assistant physician.

BREEZEHURST TERRACE.

Two physicians are connected with the institution, viz., physician in charge and one assistant.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

Two.—Thos. L. Wells, physician in charge; James H. Wells, assistant physician.

*Special Reports of Private Asylums.***DR. PARSONS' HOME.**

Number of physicians, two.—Ralph L. Parsons, physician in charge; Ralph W. Parsons, associate physician.

DR. CHOATE'S HOME.

One physician, entitled physician in charge.

DR. COMBES' SANITARIUM.

The physicians connected with the institution are: R. C. F. Combes, M. D., proprietor; Hiram Elliott, M. D., physician in charge; William F. Moran, M. D., assistant.

GLENMARY.

There are four physicians connected with Glenmary: Edward E. Snyder, M. D., consulting physician; John T. Greenleaf, M. D., physician in charge; Louis D. Hyde, M. D., assistant physician; Alice French Mills, M. D., gynecologist.

FALKIRK.

James Francis Ferguson, physician in charge; M. Langdon Bird, associate physician.

VERNON HOUSE.

Two physicians.—Wm. D. Granger, physician in charge; Ashley Scovel, assistant physician.

THE PINES.

Two.—Frederick Sefton, M. D., physician in charge; Guy R. Montgomery, M. D., assistant physician.

INTERPINES.

One.—F. W. Seward, physician in charge.

Special Reports of Private Asylums.

3. Does the physician in charge, or other medical officer, reside in the institution or on the premises?

BLOOMINGDALE ASYLUM.

The medical superintendent resides in a cottage on the grounds of the institution, built for that purpose. The other medical officers have apartments in the main building.

PROVIDENCE RETREAT.

Physician in charge resides on the grounds.

MARSHALL INFIRMARY.

The superintendent resides in the institution.

LONG ISLAND HOME.

Reside in the home.

BRIGHAM HALL HOSPITAL.

The physicians reside in the institution.

ST. VINCENT'S RETREAT.

Physician in charge resides on premises.

WALDEMERE.

Both physicians reside in the institution.

SANFORD HALL.

Both physicians reside in the institution.

BREEZEHURST TERRACE.

Both physicians reside in the institution.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

Both reside in sanitarium.

DR. PARSONS' HOME.

Yes.

Special Reports of Private Asylums.

DR. CHOATE'S HOME.

He resides in the institution.

DR. COMBES' SANITARIUM.

The physician in charge and the assistant reside in the institution.

GLENMARY.

The physician in charge and the assistant physician reside in the main building, on the premises.

FALKIRK.

Both medical officers reside in the institution.

VERNON HOUSE.

Dr. Granger resides on the premises; Dr. Scovel in the institution.

THE PINES.

Both in the institution.

INTERPINES.

Yes; in the institution.

4. Give the number of patients present at the beginning of the fiscal year ending September 30, 1895, the number admitted, discharged, recovered and unimproved, and number died, and also the average daily population during the year.

BLOOMINGDALE ASYLUM.

	Men.	Women	Total.
Remaining October 1, 1894.....	137	156	293
Admitted during year ending September 30,			
1895.....	72	72	144
Total number under treatment.....	209	228	437
Daily average population.....	139	157	296
Capacity of institution.....	200	200	400

Special Reports of Private Asylums.

Discharged during the year:

	Men.	Women.	Total.
As recovered.....	19	24	43
As not recovered.....	26	31	57
Died.	19	8	27
Whole number discharged during the year...	64	63	127
Remaining October 1, 1895.....	145	165	310
	<u> </u>	<u> </u>	<u> </u>

PROVIDENCE RETREAT.

Movement of population:

	Men.	Women.	Total.
Number present October 1, 1895.....	33	79	112
Number admitted during the year.....	29	33	62
Number discharged.	27	33	60
Number recovered.....	10	19	29
Number not recovered.....	12	14	26
Number not insane.....	1	..	1
Number died.....	4	2	6
Average daily population.....	34+	76+	111
	<u> </u>	<u> </u>	<u> </u>

MARSHALL INFIRMARY.

Number of patients present at the beginning of the fiscal year ending September 30, 1895.....	41
Admitted during the year.....	53
Discharged recovered.....	2
Discharged not improved.....	32
Died.	6
Average daily population.....	43
Not insane.	7
Total number discharged.....	47
	<u> </u>

LONG ISLAND HOME.

We began the fiscal year commencing September 30, 1895, with 96 patients, and admitted 65; discharged 67, 11 of whom were discharged as recovered, 41 as not recovered and 15 died. Our daily average population was 89, plus.

Special Reports of Private Asylums.
BRIGHAM HALL HOSPITAL.

	Men.	Women.	Total.
Remaining October 1, 1894.....	27	31	58
Admitted during year ending September 30, 1895.	15	13	28
	<hr/>	<hr/>	<hr/>
Total number treated.....	42	44	86
	<hr/>	<hr/>	<hr/>
Discharged during the year:			
Recovered.	1	4	5
Improved.	8	10	18
Unimproved.	6	2	8
Died. ....	..	2	2
	<hr/>	<hr/>	<hr/>
Total number discharged during year ...	15	18	33
	<hr/>	<hr/>	<hr/>
Daily average population.....	28	28	56
Remaining September 30, 1895.....	27	26	53
	<hr/>	<hr/>	<hr/>

ST. VINCENT'S RETREAT.

Fifty-nine patients were present at the beginning of the fiscal year ending September 30, 1895; 28 were admitted; 24 were discharged, 7 as recovered, 6 unimproved, 9 improved; 2 died; average daily population, 57.

WALDEMERE.

Patients present October 1, 1894, 14; admitted during year ending September 30, 1895, 5; discharged, 7; recovered and unimproved, 5; died, 2, and the average daily population was 13.06.

SANFORD HALL.

	Men.	Women.	Total.
Remaining October 1, 1895.....	12	15	27
Number admitted during the year.....	5	5	10
Number discharged recovered.....	..	2	2
Number discharged improved.....	2	2	4
Number died.....	1	2	3
Average daily population.....	11.8	15.3	27.1
	<hr/>	<hr/>	<hr/>

Special Reports of Private Asylums.

BREEZEHURST TERRACE.

The number of patients present at the beginning of the fiscal year ending September 30, 1895, was.....	17
The number admitted.....	14
Discharged recovered and unimproved.....	6
Number died.....	3
Average daily population during year.....	18 $\frac{3}{4}$

DR. WELL'S SANITARIUM FOR MENTAL DISEASES.

Present October 1, 1894.....	13
Admitted during the year.....	10
Discharged.....	9
Recovered.....	2
Improved.....	5
Unimproved.....	2
Died.....	0
Average population.....	14

DR. PARSONS' HOME.

Number present October 1, 1894, 3; number admitted, 5; number discharged recovered, 1; number discharged, 1; number of deaths, 1; average daily population, 5.441.

DR. CHOATE'S HOME.

Number present at beginning of year was 6; 2 were admitted, none were discharged and none died; average daily population was 7.

DR. COMBES' SANITARIUM.

On October 1, 1894, there remained in the institution 18 men and 15 women, in all, 33 patients. During the year ending September 30, 1895, there were admitted into this institution 22 men and 28 women, in all, 50 patients. The average daily population was 16 men and 14 women, or 30 of both sexes.

Special Reports of Private Asylums.

Seven men and 13 women, in all, 20, were discharged recovered; 7 men and 9 women, in all, 16 patients, were discharged improved; and 2 men and 2 women, in all, 4 patients, were discharged unimproved; while 9 men and 8 women, in all, 17 patients, died. Thus the whole number discharged during the year was 25 men and 32 women, making a total of 57 patients disposed of. There remained in the institution September 30, 1895, 15 men and 11 women, in all, 26 patients.

GLENMARY.

There were present at Glenmary at the beginning of the fiscal year ending September 30, 1895, 8 men and 20 women. There were admitted to Glenmary during the year ending September 30, 1895, 8 men and 9 women. There were discharged from Glenmary during the year ending September 30, 1895, as recovered, 2 men and 6 women; as not recovered, 3 men and 2 women. The number died were 3 men and 1 woman. The average daily population during the year ending September 30, 1895, was 27 committed patients.

FALKIRK.

Present, 7; admitted, 8; discharged, 7; recovered, 2; unimproved, 5; died, none; daily average, 7.84.

VERNON HOUSE.

	Men.	Women.	Total.
Remaining October 1, 1894.....	3	2	5
Admitted during year ending September 30, 1895.....	8	13	21
	<hr/> 11	<hr/> 15	<hr/> 26
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Discharged, recovered.....	1	1	2
Discharged, improved and unimproved.....	4	6	10
Died.....	1	2	3
	<hr/>	<hr/>	<hr/>
Remaining September 30, 1895.....	6	9	15
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Special Reports of Private Asylums.

THE PINES.

	Men.	Women.	Total.
Remaining October 1, 1894.....	1	6	7
Admitted during year ending September 30, 1895.....	3	4	7
Total number under treatment during year.....	4	10	14
Discharged during the year:			
As recovered.....	1	2	3
As not recovered.....	....	2	2
Whole number discharged during the year.....	1	4	5
Remaining October 1, 1895.....	3	6	9
Average daily population, 7.5.			

INTERPINES.

Number present, 5; admitted 6; discharged, 6; recovered, 4; unimproved, 2; average daily population, 5.

5. If voluntary patients are admitted, state separately by sexes, the number received during the year and the number present at the end of the year.

BLOOMINGDALE ASYLUM.

Voluntary patients are not received.

PROVIDENCE RETREAT.

No voluntary patients received and consequently none present at the end of the year.

MARSHALL INFIRMARY.

No voluntary patients were admitted.

Special Reports of Private Asylums.

LONG ISLAND HOME.

No voluntary patients admitted.

BRIGHAM HALL HOSPITAL.

Voluntary patients not admitted.

ST. VINCENT'S RETREAT.

Voluntary patients are not admitted.

WALDEMERE.

Number of voluntary patients admitted during the year, males 9; remaining at the end of the year, males, 3.

SANFORD HALL.

Not admitted.

BREEZEHURST TERRACE.

Voluntary patients admitted, 1; in institution year ending September, 1895, 1.

DR. WELL'S SANITARIUM FOR MENTAL DISEASES.

None received.

DR. PARSONS' HOME.

Received during the year, 1; present at the end of the year, none.

DR. CHOATE'S HOME.

No voluntary patients are admitted.

DR. COMBES' SANITARIUM.

No voluntary patients were admitted or discharged during the year.

GLENMARY.

There were received at Glenmary of voluntary patients during the year ending September 30, 1895, two men and five women, and there were present at Glenmary on the 30th day of September, 1895, of voluntary patients, one man and three women.

Special Reports of Private Asylums.

FALKIRK.

Admitted, 9 males, 3 females; present at end of year, 1 female, 2 males.

VERNON HOUSE.

Number admitted during year, men, 1; women, 1; total, 2; number remaining at end of year, none.

THE PINES.

None received during the year.

INTERPINES.

Received, males, 4; females, 4; remaining at end of year, males, 1; females, 2.

6. Give the percentage of recoveries on the number of patients admitted, on the average daily population, on the whole number treated, and on the number discharged during the fiscal year.

BLOOMINGDALE ASYLUM.

Percentage of recoveries:

On number of patients admitted, 29.86; on average daily population, 14.52; on whole number treated, 9.84; on whole number discharged (including deaths), 33.86; on whole number discharged (not including deaths), 43.00.

PROVIDENCE RETREAT.

Percentage of recoveries on:

(a) Number of patients admitted, 46.77; (b) average daily population, 26.12; (c) whole number treated, 16.66; (d) number discharged during the year, 46.77.

MARSHALL INFIRMARY.

The percentage of recoveries on the number of patients admitted, .0037; on the daily average population, .004; on the whole number treated, .002; on the whole number discharged during the fiscal year, .004.

Special Reports of Private Asylums.

LONG ISLAND HOME.

Our percentage of recoveries on the number of patients admitted was 17; on the daily average population, 12 plus; on the whole number treated, 7; and on the number discharged during the fiscal year, 16 4-10.

BRIGHAM HALL HOSPITAL.

On admitted, 18; on daily average, 9; on treated, 6; on discharged, 15.

ST. VINCENT'S RETREAT.

Percentage of recoveries on admission, 25; on average daily population, 12 + ; on whole number treated, 8 + ; on discharges, 29 + .

WALDEMERE.

Percentage of recoveries on the number of patients admitted, 90; on the average daily population, 30.62; on the whole number treated, 21; and on the number discharged during the fiscal year, 57.14.

SANFORD HALL.

Percentage of recoveries on number admitted, 20; on average daily population, 7.4; on whole number treated, 5.5; on number discharged, 22.2.

BREEZEHURST TERRACE.

The percentage of recoveries on number admitted, 3-14; on daily average population, 3-18; on whole number treated, 3-31; on number discharged during year (fiscal), 50 or $\frac{1}{2}$.

DR. WELL'S SANITARIUM FOR MENTAL DISEASES.

Percentage of recoveries on patients admitted, 20; on average daily population, 14 + ; on whole number treated, 8 + ; and on number discharged, 22 + .

DR. PARSONS' HOME.

Percentage of recoveries on number admitted, 20; on average population, 18.379; number treated, 12.5; number discharged, 50.

Special Reports of Private Asylums.

DR. CHOATE'S HOME.

No patients were discharged recovered during the year.

DR. COMBES' SANITARIUM.

The percentage of recoveries on the number of patients admitted was 40 per cent.; on the average daily population, 66.6 per cent.; on the whole number treated, 24.2 per cent., and on the number discharged, 35 per cent.

GLENMARY.

The percentage of recoveries at Glenmary for the year ending September 30, 1895, when calculated on the number of patients admitted was 47 per cent. When calculated on the average daily population was 29.9-10 per cent. When calculated on the whole number treated was 17.7-10 per cent. When calculated on the number discharged was 47 per cent.

FALKIRK.

On the number admitted, 33.3 per cent; on the daily average, 38.2 per cent.; on whole number treated, 17.6 per cent.; on number discharged, 37.5 per cent.

VERNON HOUSE.

On the number admitted, 9.11-21 per cent.; on the daily average, + 27 per cent.; on the whole number treated, 7.18-26 per cent.; on the number discharged, 17.6-11 per cent.

Note.—In an institution like Vernon House, treating entirely private patients, most patients during convalescence are taken home and recovery takes place there.

THE PINES.

Per cent. on number admitted, 42.85 +; per cent. on average daily population, 40; per cent. on whole number treated, 21.41; per cent. on number discharged, 60.

Special Reports of Private Asylums.

INTERPINES.

Sixty-six and two-thirds on number admitted; 80 on average daily population; 36 4-11 on the whole number treated; 66 2-3 on the number discharged.

7. Give the whole number of inebriates (including alcoholic, opium and other narcotic habitues) discharged during the year, and state whether these are classed as "Recoveries" or "Not insane" in your statistical report.

BLOOMINGDALE ASYLUM.

There were no "alcoholic or narcotic habitues" as such. There were 13 cases of insanity, eight men and five women, discharged during the year, in which alcoholic and narcotic poisoning were contributing causes; 10 recovered, one was discharged improved, and two unimproved.

PROVIDENCE RETREAT.

The number of inebriates discharged during the year was one as "not insane," and not counted as recovered.

MARSHALL INFIRMARY.

Seven of this class of persons were discharged during the year and they were classed as "not insane" in the statistical report.

LONG ISLAND HOME.

No inebriates were admitted during the year.

BRIGHAM HALL HOSPITAL.

No inebriates treated.

ST. VINCENT'S RETREAT.

Inebriates not received.

WALDEMERE.

There were none discharged during the year.

Special Reports of Private Asylums.

SANFORD HALL.

No cases such as referred to were admitted or discharged.

BREEZEHURST TERRACE.

We have not had any alcoholic or narcotic habitues during the year.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

No habitues or alcoholics treated.

DR. PARSONS' HOME.

None.

DR. CHOATE'S HOME.

No inebriates were admitted or discharged.

DR. COMBES' SANITARIUM.

No inebriates were admitted or discharged during the year.

GLENMARY.

There was discharged from Glenmary during the year ending September 30, 1895, one opium habitue, a woman, and her discharge is not included in any way in the above report.

FALKIRK.

No committed patient was an inebriate.

VERNON HOUSE.

No patient as described in question was admitted or discharged.

THE PINES.

None admitted, none discharged during the year.

INTERPINES.

One alcoholic subject discharged and classed as "recovered."

Special Reports of Private Asylums.

8. Of those discharged recovered during the previous year how many were readmitted prior to October 1, 1895?

BLOOMINGDALE ASYLUM.

No patients discharged during the previous year recovered were readmitted prior to October 1, 1895.

PROVIDENCE RETREAT.

Two men and one woman.

MARSHALL INFIRMARY.

Not any.

LONG ISLAND HOME.

Of those discharged as recovered during the previous year none were readmitted prior to October 1, 1895.

BRIGHAM HALL HOSPITAL.

None.

ST. VINCENT'S RETREAT.

Of those discharged during the year ending September 30, 1894, one was readmitted during the year ending September 30, 1895.

WALDEMERE.

None have been readmitted prior to October 1, 1895.

SANFORD HALL.

None.

BREEZEHURST TERRACE.

Of those discharged recovered during the previous year, none were readmitted prior to October 1, 1895.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

None.

DR. PARSONS' HOME.

None.

DR. CHOATE'S HOME.

One.

Special Reports of Private Asylums.

DR. COMBES' SANITARIUM.

None.

GLENMARY.

One woman was readmitted at Glenmary prior to October 1, 1895, but had been discharged as recovered during the previous year. She was a voluntary case in both instances of admission and was not included in the above statistical report.

FALKIRK.

None.

VERNON HOUSE.

None.

THE PINES.

None.

INTERPINES.

None.

9. Give the percentage of deaths on the number of patients admitted, on the average daily population, on the whole number treated, and on the number discharged during the fiscal year.

BLOOMINGDALE ASYLUM.

Percentage of deaths to number of patients admitted, 18.75; average daily population, 9.12; whole number treated, 6.17; whole number discharged, 21.26.

PROVIDENCE RETREAT.

Percentage of deaths on number admitted, 9.69; average daily population, 5.05; whole number treated, 3.45; number discharged during fiscal year, 9.69.

MARSHALL INFIRMARY.

The percentage of deaths on the number of patients admitted, .01. On the average daily population, .01 + ; on the whole number treated, .006; on the number discharged during the fiscal year, 01.

Special Reports of Private Asylums.

LONG ISLAND HOME.

The percentage of deaths on the number of patients admitted was 23; on the average daily population, 16; on the whole number treated, 9 5-10; on the number discharged during the fiscal year, 22.

BRIGHAM HALL HOSPITAL.

On admitted, 7 per cent.; on daily average, 3 per cent.; on number treated, 2 per cent.; on discharged, 6 per cent.

ST. VINCENT'S RETREAT.

Percentage of deaths on the number admitted, 7 +; on average daily population, 3+; on whole number treated, 2+; on number discharged, during the year, 8+.

WALDEMERE.

The percentage of deaths on the number of patients admitted was 40; on the average daily population, 11.57; on the whole number treated, 10.52, and on the number discharged during the fiscal year, 28.57.

SANFORD HALL.

Percentage of deaths on number of patients admitted, 30; on average daily population, 11.1; on whole number treated, 8.3; on the number discharged, 33.3.

BREEZEHURST TERRACE.

The percentage of deaths on number of patients admitted, —; on the average daily population, 3-18; on the whole number treated, 3-31; on the number discharged during the fiscal years, 1-3.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

No deaths.

DR. PARSONS' HOME.

Percentage the same as in case of recoveries.

DR. CHOATE'S HOME.

There were no deaths.

Special Reports of Private Asylums.

DR. COMBES' SANITARIUM.

The percentage of deaths on the number of patients admitted was 34; on the average daily population, 56.6; on the whole number treated, 20; on the number discharged, 29.

GLENMARY.

The percentage of deaths at Glenmary during the year ending September 30, 1895, when calculated on the number of patients admitted was 23 5-10; when calculated on the average daily population was 14 8-10; when calculated on the whole number treated, was 8 8-10; when calculated on the number discharged was 23 5-10.

FALKIRK.

No deaths.

VERNON HOUSE.

On the number admitted 14 6-21 per cent.; on average daily population; 42 + per cent.; on whole number treated 12 8-26 per cent.; on number discharged 20 per cent.

THE PINES.

There were no deaths during the year.

INTERPINES.

There were no deaths during the fiscal year.

10. State to what extent, if any, mechanical restraint has been used in the care of patients during the year, and the forms of such restraint, including the so-called "protection sheet."

BLOOMINGDALE ASLYUM.

Mechanical restraint is used in rare instances for medical or surgical reasons, only when prescribed by the physician in charge of the patient, and is usually in the form of the camisole.

Special Reports of Private Asylums.

PROVIDENCE RETREAT.

Mechanical restraint in the form of a long sleeved jacket and "protection sheet" are used for surgical purposes or to prevent exhausting nervous excitement in extreme cases and ordered only by the physician.

MARSHALL INFIRMARY.

During the year two patients were restrained to the bed to enforce the recumbent position for surgical reasons; belt, wristlets (a part of the time) and side pieces were used, to prevent the removal of the dressings. The so-called "protection sheet" has never been used in this hospital.

LONG ISLAND HOME.

Mechanical restraint was used during the year only in those cases where the safety of the patients or others demanded it. It consisted of the camisole, the belt and the "protection sheet."

BRIGHAM HALL HOSPITAL.

Sleeves, mittens, belt and crumpled sheeting are used only when prescribed by a physician, and for surgical reasons, for forcible feeding, in certain instances of masturbation, for the better application of ice to the head and spine in some violent cases, and in instances where manual restraint is irritating and dangerous. The "protection sheet" has never been used here.

ST. VINCENT'S RETREAT.

The camisole was used with three patients for purposes of feeding. With one to carry out a surgical measure. With one as a method of restraint to prevent self mutilation. A strap around the waist was used with two demented who were helpless and used to sleep during the day in their chairs, and would fall out but for this measure. One patient has to be restrained by a strap around the waist at times to prevent her attacking the other patients and exhausting herself running around the hall. The "protection sheet" is not used.

Special Reports of Private Asylums.

WALDEMERE.

No restraint of a mechanical nature has been used during the year.

SANFORD HALL.

Mechanical restraint has not been used.

BREEZEHURST TERRACE.

Mechanical restraint has been used in two cases, one in suicidal, and the other in a case of homicidal mania. The form was sleeves and mittens. We have not used the "protection sheet."

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

In two instances it has been necessary to use a canvas jacket for a short time. No other appliances are used.

DR. PARSONS' HOME

No restraints have been used, mechanical.

DR. CHOATE'S HOME.

No mechanical restraint has been used during the year.

DR. COMBES' SANITARIUM.

Mechanical restraint was not required, and of course was not used in the management of any patient in this institution during the year.

GLENMARY.

Mechanical restraint has been employed at Glenmary during the year ending September 30, 1895, as follows: A camisole has been used in one case of a demented woman who was inclined to tear her clothing and bedding when left alone. The restraint was employed only when it was necessary for the nurse to be absent from the patient's room. Still further, the "protection sheet" was used upon three cases, one man and two women, where the "rest treatment" was deemed necessary for the benefit of the case for the space of six weeks.

Special Reports of Private Asylums.

FALKIRK.

The camisole has been used but seldom. "Protection sheet" has not been needed.

VERNON HOUSE.

No restraint of any kind was used.

THE PINES.

No form of mechanical restraint has been used; neither any form of chemical restraint.

INTERPINES.

The "protection sheet" is the only form of restraint used in this institution, and this is resorted to very rarely and only for purposes of quiet and rest.

11. Give the ratio of attendants or nurses proper, by sexes, to patients, also, separately by sexes, and ratio of day and night attendants. If no attendants are regularly on duty at night, state the fact.

BLOOMINGDALE ASLYUM.

The ratio of male attendants is 54 to 145 patients; the ratio of female attendants is 50 to 165 patients; the ratio of male night attendants is 9 to 145 patients; the ratio of female night attendants is 9 to 165 patients.

PROVIDENCE RETREAT.

Ratio of attendants or nurses proper excluding the Sisters of Charity to male patients are as one to six; including the Sisters of Charity as one to four. Ratio of attendants excluding the Sisters of Charity, to the female patients as one to nineteen; including the Sisters of Charity, as one to nine. There is a Sister of Charity with an assistant as night watch, who visits both male and female patients hourly during the night. Consequently the ratio might be as one or two to 76 female patients, and as one or

Special Reports of Private Asylums.

two to 34 male patients. Day attendants are called upon to assist at night if necessary.

MARSHALL INFIRMARY.

One male nurse to 6 male patients, and 1 female nurse to 5 3-5 female patients; 1 male night nurse to 24 male patients, and 1 female night nurse to 23 female patients.

LONG ISLAND HOME.

The ratio of attendants or nurses proper, by sexes, to patients, was for women, 1 to $3\frac{1}{2}$; for men, 1 to 2 15-16. During the day, women, 1 to 4; men, 1 to $3\frac{1}{2}$. During the night, women, 1 to 22; men, 1 to 22.

BRIGHAM HALL HOSPITAL.

Men, 11 to 28; women, 13 to 28. Night nurses, men, 2 to 9; women, 2 to 13.

ST. VINCENT'S RETREAT.

Ratio of attendants or nurses to patients is 1 to 4; two Sisters of Charity sleep on each hall. A night attendant visits the room of each patient every hour. If the condition of a patient is such as to require constant attention, one Sister of Charity is assigned to the case for night duty.

WALDEMERE.

The ratio of male attendants to male patients is 7 to 10; of female attendants to female patients, 3 to 4. There are no attendants regularly on duty at night.

SANFORD HALL.

Ratio of female attendants to female patients, 1 to 1.5; of male attendants to male patients, 1 to 1.5. Night attendants are not employed except in special cases.

BREEZEHURST TERRACE.

The ratio of attendants, both sexes, as a rule, 1 to 2; at times, however, 1 patient may have 2 nurses. We have 1 attendant on night duty.

Special Reports of Private Asylums.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

Only female nurses are employed. One to four. No night nurses are employed as the regular nurses are so situated as to be able to hear and answer any want.

DR. PARSONS' HOME.

Each patient has had one personal nurse. One male patient had two nurses for a period of two months, and one female patient had two nurses for a period of two weeks. No attendants are on duty regularly at night.

DR. CHOATE'S HOME.

One attendant is employed to each patient, both male and female. No attendant is regularly on watch at night.

DR. COMBES' SANITARIUM.

The ratio of attendants to men patients was 5 attendants to 18 patients; that of attendants to women patients, 5 attendants to 16 patients. During a part of the year a night attendant was employed on the women's side of the institution.

GLENMARY.

It is impossible to frame a definite reply to this question, because both voluntary and committed patients are often under the care and surveillance of the same nurses, and the ratios above asked for relate wholly to committed patients. Possibly two nurses to three patients in the case of either sex might be an approximate answer. There are no regularly appointed night attendants, patients having in almost all cases their own private nurses, except only where custodial care is needed. These nurses sleep either in the room or on the hall with their patients, and furnish such care and attention as may be necessary during the night. Another exception to the general rule is, where a patient has needed two or more nurses. In this case one nurse has been regularly detailed for night work, calling for assistance upon the other nurses who sleep where they can be readily summoned.

Special Reports of Private Asylums.

Of this class there have been three cases during the year, one man and two women.

FALKIRK.

One or more to each patient. A night attendant is always on duty in the men's building. The female attendants sleep in the suite of rooms with their patients.

VERNON HOUSE.

It is impossible for me to give ratios. Each patient has at least one nurse. Seven patients had two nurses during all or a period of their being here. One for a few weeks had three. Seven special nurses by the day were employed.

Several patients had special night nurses, and it is always when necessary provided. All the patients have a nurse sleeping in the same or adjoining room. No regular night nurses are employed.

THE PINES.

One nurse to one patient, male and female. At times the ratio has been greater; a very disturbed patient requiring the employment of two nurses. No regular night nurse is employed. For considerably more than half of the past year, however, it was necessary to employ one; and, during a certain portion of that period two night nurses were on duty. There are two at the present time.

INTERPINES.

Usually one nurse or attendant to each patient, and of the same sex. As attendants occupy rooms with the patient no attendants are regularly on duty during the night.

12. Are women attendants employed in the care of men patients, and if so, to what extent?

BLOOMINGDALE ASYLUM.

No women were employed as attendants on the male patients, September 30, 1895.

Special Reports of Private Asylums.

PROVIDENCE RETREAT.

The Sisters of Charity have control of the nursing and personally supervise at all meals and in every instance see that the medicines are properly taken. There are also women dining-room helpers in each hall on the men's side.

MARSHALL INFIRMARY.

Women are not employed in this hospital in the care of men patients.

LONG ISLAND HOME.

A woman has had entire charge of one men's dining-room during the whole year and the second dining-room on the men's hall has been in charge of another woman during a part of the time. In no other capacity are women employed on the halls where there are male patients, excepting one woman who has been acting supervisor for the past three or four months.

BRIGHAM HALL HOSPITAL.

No.

ST. VINCENT'S RETREAT.

We receive only female patients.

WALDEMERE.

No women attendants are employed in the care of male patients.

SANFORD HALL.

None.

BREEZEHURST TERRACE.

Women are employed in male quarters to do general cleaning, to do all pantry work and assist with rooms.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

No.

DR. PARSONS' HOME.

No.

DR. CHOATE'S HOME.

No women attendants are employed in the care of men patients.

Special Reports of Private Asylums.

DR. COMBES' SANITARIUM.

No.

GLENMARY.

Women are not employed in the care of men patients.

FALKIRK.

Women attendants have been employed in a few selected cases with satisfaction. We hope to continue this service whenever applicable.

VERNON HOUSE.

Considerably as adjuncts to male nurses. Never exclusively, for reasons given in report of last year. Should a proper case come to me, I would employ a female nurse.

THE PINES.

At present there is one woman nurse caring for a man patient during the day; a man nurse takes her place at night.

INTERPINES.

Only in exceptional cases.

13. What proportion of the present attendants or nurses, both men and women, are graduates of a training school?

BLOOMINGDALE ASYLUM.

Five attendants are graduates of training schools. November 19, 1895, a training school was started for men and women nurses.

PROVIDENCE RETREAT.

We formerly had 50 per cent. There are none at present. Every one of the Sisters of Charity who personally supervise the nursing, however, have had many years of previous experience in other hospitals.

Special Reports of Private Asylums.

MARSHALL INFIRMARY.

There are no trained nurses, graduates of a training school, engaged at present in this hospital.

LONG ISLAND HOME.

None of our nurses are graduates of a training school, although ten have been in hospital service for four years and more, and seven over two years, and many of our nurses have had special instruction in training schools in other hospitals as well as in this, although they have not graduated. Lectures were given to the nurses during the past winter.

BRIGHAM HALL HOSPITAL.

The head nurse for women.

ST. VINCENT'S RETREAT.

Three Sisters of Charity have been trained in a general hospital. The remainder have been attendants on the insane from two to fourteen years.

WALDEMERE.

One-fourth of the male and one-third of the females are graduates of training schools.

SANFORD HALL.

None of our attendants are graduates of a training school for attendants. All have had previous experience; several have had a long experience in institutions in this country and in Europe.

BREEZEHURST TERRACE.

We have not any attendants or nurses who are graduates of a training school.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

None of the nurses are training school graduates, but all have had from nine to fifteen years' experience in the care of the insane.

Special Reports of Private Asylums.

DR. PARSONS' HOME.

None.

DR. CHOATE'S HOME.

None are such graduates.

DR. COMBES' SANITARIUM.

None.

GLENMARY.

No graduates of any training school other than Glenmary are at present employed. There are in our employ two men who have been with us for four years and five women who have been in our employ for four years or over.

FALKIRK.

One in four women and one in five men.

VERNON HOUSE.

None. They are not to be had. Kind of nurses employed was described in last report.

THE PINES.

Forty per cent. of women nurses are graduates of training schools. At present none of the men are graduates.

INTERPINES.

None.

14. State the aggregate number of nurses or attendants in the employ of the institution on September 30, 1895, and the number of resignations and dismissals occurring during the year; also the principal causes of such resignations and dismissals.

BLOOMINGDALE ASYLUM.

The number of attendants in the employ of the institution September 30, 1895, was 98.

Eight attendants were discharged for the following causes during the year:

Special Reports of Private Asylums.

Striking a patient	1
Leaving a patient alone with knives	1
Neglect of patient	1
Losing a patient	1
Insubordination	1
Returning from leave intoxicated	2
Overstaying leave	1

Ninety-four attendants resigned for the following causes during the year:

Inefficiency	17
To be married	4
Ill-health	4
Private reasons	69

PROVIDENCE RETREAT.

Ten nurses. Two have resigned during the year, one of whom is nursing in California and the other has lately returned to us from his former home abroad.

MARSHALL INFIRMARY.

There were eleven nurses employed in this hospital on September 30, 1895.

There were, during the year, 7 resignations, of these 2 left to better themselves, 5 left because they were either "tired" or "too nervous" to remain longer; 1 was dismissed on account of assaulting a patient.

LONG ISLAND HOME.

The aggregate number of nurses or attendants in the employ of the institution on September 30, 1895, was 29. The number of resignations was 19; 9 to seek employment elsewhere, 3 to resume their studies, 3 were cases not fitted for the work, 2 were married, 1 to enter a hospital, 1 because of a sick mother. The number of dismissals was 6; 1 for intemperance, 1 for general worthlessness, 1 not suited for the work, 1 for leaving without

Special Reports of Private Asylums.

giving notice, 1 for disloyalty and 1 for indiscretion in companionship with a male patient.

BRIGHAM HALL HOSPITAL.

There were 9 resignations; 2 for matrimony, 2 because of home duties, 2 for other business, 2 for fear of discharge, 1 for ill-health.

ST. VINCENT'S RETREAT.

There were 17 attendants in the employ of the institution on September 30, 1895. No dismissals or resignations, except a night nurse, for incompetency.

WALDEMERE.

The number of attendants, male and female, in the employ of this institution on September 30, 1895, was 10. The number of resignations, 8. There were no dismissals. The principal cause of resignation was to better themselves.

SANFORD HALL.

There were 18 attendants employed on September 30, 1895. There were 11 resignations during the year and 3 dismissals. Of the resignations, 2 were requested because of lack of experience, 3 were unsatisfactory after serving a month on trial, 2 because careless and indifferent after serving several months, 3 resigned to engage in other pursuits and 1 because of ill-health. Of the dismissals, 2 were for neglect of duty, and 1 because his patient was discharged.

BREEZEHURST TERRACE.

The aggregate number of nurses in the employ of the institution September 30, 1895, was 11, the number of resignations during the year 6, the number of dismissals during the year 6; the cause of resignations, mostly to better themselves. The principal cause of dismissal was insubordination and incapacity.

Special Reports of Private Asylums.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

One resignation to get married and one dismissal on account of inefficiency.

DR. PARSONS' HOME.

Number of nurses employed September 30, 1895, 5. Number of resignations and dismissals, 14. Causes of resignation, death of patient, 2; personal reasons, 4; temporary substitutes, 4; discharge of patients, 2; illness of nurse, 1; not adapted to particular care of patient, 1.

DR. CHOATE'S HOME.

The aggregate number was eight. Six resigned during the year, principally through desire for a change or dissatisfaction with their work.

DR. COMBES' SANITARIUM.

On September 30, 1895, there were 4 men attendants and 4 women attendants in the employ of the institution. Two attendants resigned and 6 were discharged during the year. Of the discharged, 1 was for intoxication, 1 for overstaying pass, 1 for unbecoming conduct, and 1 for gross negligence. The resignations were from attendants who wished a change.

GLENMARY.

The number of nurses on the force at Glenmary on the 30th of September, 1895, was 3 men and 15 women. There resigned from the service of Glenmary during the year ending September 30, 1895, 1 man and 1 woman. Reason for such resignation, intention to assume other work. There were dismissed from the service at Glenmary, during the year ending September 30, 1895, 1 man; cause of his dismissal, ill-health. And 7 women, cause of dismissal in one case, inability to do the work required; in the six cases, lack of employment at the time of such dismissal. Four of these were re-employed when there was an occasion for their services.

FALKIRK.

Present, 5 men, 4 women. Resignations, 6; dismissal, 1. Cause of resignations, 1 to get married, 1 to go to Europe, 4 no reason given. Cause of dismissal, violation of rules.

Special Reports of Private Asylums.

VERNON HOUSE.

Aggregate number 17. Ten males left and 4 females left. Reasons, males: Three for general nursing; 3, their patients left; 1, no reason; 1, to return to trade; 1, to go with patient; 1, dissatisfied. Several were present so short a time as not to be counted. Females: One to be married; 1, private nursing; 1, patient left; 1, no reason. Several left and returned in both sexes and are not counted. *

THE PINES.

There were four resignations during the year. Five nurses were advised to leave, being incompetents, or in other ways — not giving sufficient causes for discharge — unsatisfactory to the physician in charge. The principal cause for resigning was given as: Care of one patient was monotonous; and being compelled to occupy the same bed chamber with patient was unpleasant.

INTERPINES.

There were seven nurses or attendants on duty on September 30, 1895. There were no resignations or dismissals during the previous year.

15. Give the minimum rate per week at which patients are received.

BLOOMINGDALE ASYLUM.

About six per cent. of our patients are free. The highest rate paid is \$150 per week. Prices vary between these extremes. Ten dollars is the lowest compensating rate. About one-half of our patients pay less than the cost of their support.

PROVIDENCE RETREAT.

Six dollars for female patients and \$7 for men.

MARSHALL INFIRMARY.

The minimum rate of board is \$6 a week.

Special Reports of Private Asylums.

LONG ISLAND HOME.

The minimum rate per week for which patients are received is \$10.

BRIGHAM HALL HOSPITAL.

Ten dollars.

ST. VINCENT'S RETREAT.

Minimum rate per week is \$10.

WALDEMERE.

The minimum rate per week is \$25.

SANFORD HALL.

Minimum rate per week, \$25.

BREEZEHURST TERRACE.

The minimum rate per week at which we receive patients, \$15.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

Ten dollars.

DR. PARSONS' HOME.

Seventy-five dollars.

DR. CHOATE'S HOME.

Seventy-five dollars is the minimum.

DR. COMBES' SANITARIUM.

Ten dollars per week.

GLENMARY.

The minimum rate per week at which patients are received at Glenmary is \$10.

FALKIRK.

The minimum rate is \$35, though the physician in charge does not limit himself to this rule.

VERNON HOUSE.

Thirty-five dollars.

Special Reports of Private Asylums.

THE PINES.

Twenty dollars.

INTERPINES.

Twenty dollars per week.

16. State if any new buildings have been erected or completed during the fiscal year or are now in course of erection; mention any special improvements or betterments begun or completed during the year; also state if any new features in methods of management in the treatment of patients have been introduced.

BLOOMINGDALE ASYLUM.

"James M. Brown Memorial Villa," for ladies, costing \$40,000, and an amusement pavilion, costing \$7,500.

We have now in operation a well-equipped hydropathic department for the therapeutic treatment of suitable cases, and for bathing those who are feeble.

PROVIDENCE RETREAT.

No new buildings have been erected, but large amounts have been expended in perfecting the plumbing and equipping of the institution. Complete examinations of patients are made, including the eyes, when necessary. There is a laboratory adjacent to the institution and certain chemical examinations are made in every case.

MARSHALL INFIRMARY.

No new buildings have been erected during the year, but one ward has been refloored with oak and the bedrooms connected with it with Georgia pine, and all repainted.

LONG ISLAND HOME.

The new cottage which was reported in our last report has been completed, furnished and is now occupied, and fills a long-felt want. Its freedom from everything institutional, and its com-

Special Reports of Private Asylums.

forts, commend it to all who have seen it. A cement walk has been laid in front of this cottage, and the grounds about have been laid out in lawns. The lawns have also been extended to the east of the main house and a California privet hedge set out, extending from the street to the north line on the eastern boundary of the grounds and also on the northern boundary of the grounds as far west as the grove. New cesspools have been constructed to the north and west limit of the grounds and the sewage all conveyed to this point, from which it is pumped to the surface by the windmill. The cottage, the main house, the cottage for women employees, the cottage for men employees and the carriage-house have all been repainted during the season. The engine-room has been enlarged, the steam-pipe from the boiler to the cottages used by men and women has been relaid and enlarged and additional heating surface put in each. The home has been connected to the main water-line of the village water-works, three hydrants have been placed about the grounds, additional hose has been distributed through the building, and with this system, which gives us about 80 pounds pressure to the square inch, we feel fairly well protected in case of fire.

Some 40 yards of cement floor have been laid in the basement about sinks. We have placed a hood over the range in the kitchen and connected it to a ventilator which we have constructed, which is about two feet in diameter. A change has been made in the center hallway on this floor, improving the passage from the kitchen to the dining-rooms and at the same time shutting off the noise from the lower part of the house and improving the entrances from the passage to the officers' dining-rooms. Rugs have been furnished for these two dining-rooms in place of carpet.

Portieres have been purchased for the office floor between the main hall and the parlors. A cabinet organ has also been purchased for use at our Sunday services. Two front rooms of the center house, third floor, have been newly carpeted, newly papered and painted and partially refurnished. The matron's room

Special Reports of Private Asylums.

has also been newly carpeted, painted and papered and partially refurnished.

The pool-table has been re-covered. We have placed an inlaid oak floor throughout hall 1, also in two rooms, and have newly carpeted two rooms. All of the rooms have been painted and papered. New rugs have been purchased for the oak floors, and matting connecting the main hallway with the dining-room. At the time of writing, December 14, the hallway, parlor and dining-room have been repapered and painted, new iron ceiling put up in the water section and painted, the room papered and the floor covered with linoleum, which completes the work on this floor. A new barber's chair has been purchased.

On hall 2 we have papered all of the rooms and furnished them with iron bedsteads, with brass knobs and the National spring. We have put up iron ceiling in the small dormitory on this hall and have papered and painted the room. Iron ceiling has also been put up in one other room on this floor. The main hall has been furnished with new matting in place of the carpeting formerly in use. Two new chiffoniers have been purchased for the oak rooms. New oilcloth has been put on the floor in the sink-room.

Hall 3 has been oak-floored throughout, the plastered walls ceiled, the ceiling finished in the natural wood. Two dormer windows have been put in the day-room and a dormer window, with a ventilator, in the bath-room. The sleeping-room has been refurnished with the bedsteads just referred to. These new bedsteads were substituted December 14, 1895.

New carpet has been furnished for one room on hall A, and most of the rooms have been repapered and painted.

Iron ceiling has been put up in the dormitory on hall B; also in the day-room. Both rooms have been papered and painted and an inlaid oak floor put down in the parlor. The carpeting in the hallway has been replaced with matting. All of the rooms have been papered, painted and refurnished with new iron bedsteads the same as above mentioned.

Special Reports of Private Asylums.

Hall C has been wholly refloored with oak and all plastered walls ceiled and painted. Ten of the beds have been replaced with iron bedsteads like those on other halls. The locks on all doors of patients' rooms have been replaced with new, so that a single key will open all of the doors.

BRIGHAM HALL HOSPITAL.

No new buildings erected. Upwards of 1,300 feet of sewer constructed to connect with the new sewer system of the village. The redevelopment of the spring by enlarging the reservoir to 20 by 32 feet and 8 feet deep, and inclosing the same by stone walls laid in cement. Preparations to connect with the new water-works of the village to secure constant protection against fire. No special changes in the methods of treating and managing patients.

ST. VINCENT'S RETREAT.

No new buildings have been begun or completed. The additions requested by the commission to the fire apparatus have been obtained. No new methods of management or treatment.

WALDEMERE.

No new buildings have been erected or completed during the fiscal year, or are now in course of erection. No improvements or betterments have been begun or completed during the year. No new features in methods of management in the treatment of patients have been introduced.

SANFORD HALL.

During the past year hard-wood floors have been placed in all the rooms on the third floor of the main building. The sitting-room, in the gentlemen's wing, has been enlarged and refurnished.

BREEZEHURST TERRACE.

During the year we have erected a new boiler-house and steam plant, about 125 feet away from the institution, thus making it safer from fire, and at the same time giving us a duplicate system.

Special Reports of Private Asylums.

so that if anything goes wrong with one plant we can fall back on the other. We have purchased about one acre of land during the past year, and now have an entire block, being bounded on every side by a street, so that our view can not be cut off nor our privacy interfered with. A new summer-house has been built, and the lawn has been increased about one acre larger, and the entrance reaching the institution has been ornamented by a hedge on each side of it. Our smoking-room has been remodeled and decorated, and, situated as it is on top of the house, the patients have a beautiful view of Long Island Sound and the surrounding country for miles.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES.

No new buildings or special improvements have been made. No new features in methods of management or treatment have been introduced.

DR. PARSONS' HOME.

New hydro-therapeutic apparatus has been introduced.

DR. CHOATE'S HOME.

No new buildings have been erected and no important improvements have been made, nor has any special change been introduced in the methods of management or treatment of patients.

DR. COMBES' SANITARIUM.

None special.

GLENMARY.

The north barn has been thoroughly repaired and the accommodations for horses very much increased. A small addition has been made to the south barn, making the capacity for the storage of hay and grain considerably greater. A new forcing-house has been erected for the purpose of propagating vegetables for spring planting and of carrying over exotics from fall to spring. A cold-storage building has been erected for the keeping of vegetables during the winter. In August a five-inch cast-iron casing was

Special Reports of Private Asylums.

driven down 76 feet, obtaining thereby a large supply of excellent water for the use of the buildings. This well was driven down on the top of the second eminence above the plateau on which the buildings stand, and when the tube was connected to the original water system it made it possible for this supply to be carried to the top of the highest building by gravity alone. This renders the supply of water practically inexhaustible, even in the dryest season. Houses have been constructed for the purpose of storing lumber, protecting tools and vehicles from the weather and for general storage. About 300 fruit trees have been set out on the slope immediately south of the buildings, rows of grape vines, and a large number of currant, raspberry and blackberry bushes have been planted in the south garden. About three acres of swamp have been broken up, stumps having been removed, and a proper system of drainage having been established.

There is nothing of note in the methods of management or in the treatment of patients which is worthy of mention, except, perhaps, the employment of oxygen with chloroform for the purpose of anaesthesia.

FALKIRK.

No new buildings have been erected or new methods introduced.

VERNON HOUSE.

First, no new buildings. Second, All water-closets have been changed for new ones. The kitchen has been removed to the old laundry. New set laundry tubs have replaced the old ones. The old kitchen has been made into a dining-room, with butler's pantry and storeroom opening out of it. New plumbing has been introduced into both kitchen and butler's pantry. The old store-room has been made into a housekeeper's-room; the old butler's pantry into a medical office. A dining-room has been made for nurses.

Third, I know of no method of treatment, new or old, except the most careful study of each case, with the application of such care and treatment as is demanded. If this rule is followed out, ripe

Special Reports of Private Asylums.

judgment will control wise conservatism and check undue rashness in new methods and remedies.

THE PINES.

An addition to the main building has been completed at a cost of \$3,200, and occupied during the past year. It consists of a brick wing and tower, and abuts the main building on the south. It contains a large general office and library, an entrance hall, staircase and lavatory on the ground floor; two bed chambers and a bath-room on the first floor, and a storeroom in the tower on the second floor. The bath-room and lavatory are situated in the tower, and though connected with the building are virtually outside of and not a part of it. The interior woodwork of this addition is of oak on the ground floor, with oak staircase leading to the first floor, where the woodwork is white-wood, painted white. All the floors are of hard woods. The walls are papered, save those of the bath-room, which are painted, and the ceilings are frescoed. There is nothing to report in the way of management and treatment.

INTERPINES.

None.

PART IV.

GENERAL ASYLUM SYSTEM.

CHAPTER 31.

LEGISLATION RECOMMENDED.

The commission would recommend that the laws relating to the care of the insane be codified and reduced to one compact and comprehensive chapter, which would be convenient for reference and information. No general revision of the lunacy laws has been had since 1874. Since that time several hospitals have been established, and a large amount of legislation relating more or less directly to the care of the insane has been enacted. The Statutory Revision Commission, which was created in 1889, about the year 1890 undertook to revise the insanity laws, but owing to extensive changes resultant upon the operation of the State Care Act, the work of revision was not then pushed to completion. The powers already conferred by law upon the commission are large and its duties are onerous; it does not desire to extend its authority, but it does advise that the statutes relating not only to itself but also to other subjects included within the scope of lunacy administration be revised, consolidated, and made into one harmonious chapter. Since the decision was rendered by the Court of Appeals fully sustaining the validity of the law, and the amended Constitution was adopted by the people of the State, the principle and policy of State care for the insane may be regarded as definitely settled. The commission can not be abolished; it can not be merged in any other department; and no one would seriously claim that the State Care System can be abolished and the system it supplanted be restored; it seems, then, that good policy and good judgment unite in enforcing the demand that the laws regulating lunacy affairs be revised and consolidated, so as to be more easily understood and applied.

The statutes relating to commitment of the insane have not been modified since the general revision of 1874. While the operation

Legislation Recommended.

of the present system has proven sufficiently practicable and satisfactory, and the commission has seen no really valid cause for any radical change, it is believed by many that some modifications might advantageously be made looking to additional safeguards for the security of the citizen. The idea, unfortunately, is widely held that individual liberty is not adequately protected under the existing method of commitment of insane persons to institutions. While the commission does not share this view, it recognizes its prevalence and would so far respect it as to recommend that in the general revision of the lunacy laws, beside correction of such errors and defects as may be found to exist, due attention be given to the foregoing popular belief, adding only the caution that any new provisions which may be engrafted on the law should not be made so stringent and repressive as to interpose delay at critical stages of the patient's disease, when prompt treatment may be of the most vital consequence. The commission has no hesitation in saying, however, that the present method of commitment provides every necessary safeguard against the commitment of sane persons to institutions for the insane; also that the supervision to which such institutions are subjected affords ample protection to the rights of the inmates thereof and renders it practically impossible to wrongfully detain any one therein.

It is gratifying to observe, in the Legislative Bulletin, published by the State Board of Regents (see Legislative Bulletin, year 1896, No. 6, page 220), that the legislation of the State of New York is being largely followed by other States. New York certainly should be able, by reason of its wealth, its population and its commercial importance, to take the lead in matters affecting the general welfare of the insane, and the commission trusts that the system here established may be built up on lines so broad and comprehensive that it will become a guide for legislation in other States and countries.

The statute under which the commission is constituted requires each member to visit each institution for the insane, both public

Legislation Recommended.

and private, at least twice a year. The system of making recommendations should be changed. The present statute provides for a commissioners' visiting book, to be kept at each institution, in which recommendations which the commission has to make shall be written out in detail. Since the enactment of this statute in 1890, the methods of procedure in various respects have materially changed. Most of the recommendations and suggestions are now put in typewriting before transmission to the institutions, and it is suggested that it would be much more convenient and desirable to typewrite the recommendations and forward them to the hospitals as occasion requires. On the occasion of their visits to institutions the commissioners seldom have time to properly formulate recommendations, and in consequence the visiting books have to be forwarded to its office for writing out the recommendations and approving them at a meeting of the commission, the result being that much time must elapse before the books can be returned. The method suggested would accomplish the same purpose, and be much more simple and efficacious. The commissioners find that often it is not necessary to make formal recommendations; mere suggestions, either verbal or written, may answer every needed purpose. In the first years of its existence the commission made a series of general recommendations, covering substantially every feature of administration, and since then it has not been found necessary to add much to the recommendations then made. If these recommendations are complied with, there will be little occasion for further suggestions, except as to minor details, or as to new conditions which may arise. The method of visitation and inspection is such that, when joined to the monthly meetings of the superintendents with the commission at its office, for two days in each month, and occasionally at other times, the former course has become largely unnecessary, if not altogether obsolete. The commission would, therefore, recommend that the statute be modified to conform to existing conditions in this regard.

The commission would also urge upon the Legislature the importance of the enactment of statutes which will effectually prevent

Legislation Recommended.

interference by municipal authorities with the management of the property of the State. It is a recognized principle that the State is sovereign, and that no lesser body or tribunal created by it has any legal warrant to overrule or to dispute the exercise by the State, through its Legislature, of its inherent sovereignty. Yet instances are not wanting in which municipalities have claimed the right to modify or materially change plans and specifications for plumbing, or to meddle with the erection of structures designed to provide egress in case of fire, or even to interfere generally with the erection of buildings for the use of the State where such buildings happened to be within the corporate limits of a city. Of course any such suggested change of plan or specification, if carried out, would involve an expenditure of money, and hence could not be enforced without an appropriation, which would be procurable only from the Legislature; and yet, while the local authorities are thus left powerless to compel compliance with their demands, their intermeddling tends to confusion, doubts, delays and needless annoyance. Indeed, if such power were vested in local authorities, there would be no limit to the State's expenditures, since in that case any municipality might require structural changes in buildings, or in systems of plumbing, etc., that would involve an immense outlay beyond appropriations already made. So far, in such cases as have arisen, of attempted intervention by municipal authorities in State hospital affairs, the commission has made successful resistance; but, for the reasons cited, it seems to be wise that the statute should be made clear and positive in its terms, thereby avoiding the disturbance and friction now possible.

By chapter 693 of the Laws of 1895 the State hospitals are required to enter into joint contracts for such staple articles of supply as may be found feasible by the commission for them to purchase in that way, with reference to the greatest ultimate economy. Such contracts have not as yet been made except in a few instances, as in the purchase of blankets, of toweling, of tableware, of fire extinguishers and some other articles of common use. For instance, in the purchase of woollen blankets, of which thou-

Legislation Recommended.

sands of pairs are annually required, a better quality than that formerly provided was purchased at a reduction in cost of about \$5,000 as compared with the expenditure for a like purpose in the previous year; so likewise in the purchase of toweling in bulk a superior article was obtained at a saving of \$1,800 as compared with the previous year. It is believed that this practice might advantageously be extended still further. The principal difficulty consists in securing unanimity of action, and to remedy this the commission would recommend such a modification of the statute as will provide that contracts may be entered into by two or more of the hospitals, instead of by all, as the law now requires.

The commission believes that the statute relating to the purchase of supplies by contract should be more specific, for if the State hospital managers can enter into contracts binding upon the State, without approval by the commission, the estimate system to that extent may be impaired. Among the principal articles now purchased under contracts are beef and coal, while questions concerning the letting of contracts for buildings, repairs or improvements at the hospital frequently arise, it is true that all contracts entered into must be subject to the estimate law, yet in order to avoid contention or complications which may involve the State in troublesome litigation, it is desirable that the statute should expressly provide that all contracts must be subject to approval by the commission, as estimates now are, as to quality, quantity and price. In effect, this would amount to conferring on the commission a power of approval of contracts, but if expenditures are to be limited and the State's interest guarded to the full extent sought to be secured by the estimate system, it would seem to be essential that some specific provision of law be made to cover the case. Should a contract be entered into by a board of hospital managers and continued in force, while the statute directs that no supplies be purchased except upon estimates to be revised and approved by the commission, it is evident that the action of the latter in revising prices and quantities might serve to practically nullify the terms and conditions of the contract, or to materially modify them, and thus to raise serious

Legislation Recommended.

questions of liability on the part of both the contractor and the State. Under the present statute the only means of avoiding difficulties which are liable to arise would be for the commission to decline to make any apportionment of money until it has been satisfied as to the character of a contract and especially as to the cost involved. [It is proper to say that the lay member of the commission dissents from the view advanced above, as to the alleged desirability of requiring contracts to be approved by the commission, and as to the claim that the provisions of the estimate law should be so amended as to apply to contracts for buildings, repairs or betterments of the hospital plants in the same sense or to the same extent as they now apply to purchases of ordinary maintenance supplies.]

Chapter 693 of the Laws of 1895 provided, among other things, that all the books of record, blank forms and official stationery shall be uniform and approved by the commission. The importance of this provision can not be questioned. Under the system which heretofore prevailed, each hospital procured its own record books, blank forms, etc., without reference to those used in other hospitals. The result was that there was no uniformity of record books, forms or accounts, thus involving great confusion and difficulty in the making of comparisons of the methods and results of the several institutions. Moreover, the cost of books and forms in separate lots was necessarily greater than under the present system, by which it is only necessary in printing a particular form to change the name of the hospital, and while uniformity is secured better results are obtained, and the aggregate cost is largely reduced. Inasmuch as a large proportion of the work of the commission is dependent upon reports of various kinds received at its office, it is obvious that a change in this particular was very much to be desired. The work of examination and comparison has now become a comparatively simple matter. The commission has intrusted the preparation of these forms to a committee of superintendents, reserving, as provided in the statute, the power of approval. It has little choice in the matter of the particular form of books or blanks used,

Legislation Recommended.

except that, as nearly as possible, they be comprehensive and uniform as to size and form.

The commission would recommend that the Legislature provide that the printing for the State hospitals be done in those hospitals where adequate printing plants exist. At present, in the opinion of the Attorney-General, the State printer is required to do all of the printing, and under the contract system it is an exceedingly burdensome and expensive matter. The Utica State Hospital has a well-equipped printing plant, and with small extensions it would be capable of doing substantially all of the printing required for the use of the hospitals, at practically the cost of labor and material — in fact, even less than this, since patients do a very considerable portion of the work of typesetting, binding, etc.

That lands needed for hospital purposes should be acquired through the operation of the ordinary condemnation proceedings, is a proposition whose importance to the State, not less than its intrinsic force, has become apparent. Under the existing method of private negotiation and purchase it has happened that payment of larger prices than the property was actually worth in open market has been made. In other instances, notably at the Hudson River State Hospital, where a few hundred feet of land are needed to secure a suitable railroad connection, inconvenience and injury to the hospital have resulted because the owner, taking undue advantage of his opportunity, demands an excessive price. On the question whether, as the statute now stands, the State has a right to seek and to obtain condemnation proceedings for the acquisition of land, however much needed, there is a serious variance of opinion. In some cases an application for such proceedings has been recognized and enforced by the courts, but in the Hudson River Hospital case referred to, the attorneys delegated by the Attorney-General to act for the State deny that such power exists, and, consequently, no action has been taken. In view of the existing condition, and of the general import of the matter, the commission would recommend that statutory provision be made for the acquirement of lands needed for State hospital purposes by condemnation proceedings.

CHAPTER 32.

THE RATIO OF INSANITY TO POPULATION.

In previous reports reference has been made to the subject of the alleged increase of insanity, more especially in view of anticipated increases in the number of patients in State hospitals by reason of the operations of the State Care Act. Those opposed to the adoption of this system assumed that when the care of the insane became a direct charge on the State treasury the superintendents of the poor, no longer having any personal interest in the matter, or from the fact that the burden of maintenance might be transferred from their county to the State, would seek to procure admission to State hospitals of many persons who, while perhaps technically of unsound mind, were not insane in a medical sense, and hence not proper subjects for care and treatment in a hospital for the insane. This matter has been kept under close observation ever since the State Care Act was passed, and so far the commission is able to say that it has seen little, if any, actual ground for this apprehension. Only a few cases which properly might have been retained in poorhouses have been sent to hospitals, but as constant care has been taken to have all such cases carefully scrutinized with reference to their mental condition by hospital physicians before admission, it may be doubted if any considerable number of such have gained admittance.

The numerical increase in patients at the State hospitals, including those of New York and Kings counties, averages about 800 yearly. During the past year, because of the fact that in New York the commissioners of charities and corrections of that city arbitrarily removed to the city asylums a large

The Ratio of Insanity to Population.

number of almshouse cases who were not proper subjects for hospital care, the increase for the year has somewhat exceeded the average. But now that the New York city asylums have been converted into the Manhattan State Hospital and placed under State control, there is no danger of a repetition of such action.

Some considerations pertinent to this topic may usefully be renewed or enlarged upon. The stigma formerly supposed to attach to insanity, when it was thought to be a demoniacal possession, or in some other wise to reflect shamefully upon its victim, has happily almost disappeared; it is now universally recognized as a disease and an affliction deserving the deepest commiseration and the tenderest care; instead of disgrace it now inspires sympathy; the medical profession as a whole has advanced in the study and knowledge of the manifestations of mental disease, and physicians now more quickly recognize and correctly diagnose cases of that nature; a consequence of these changed conditions respecting the nature of insanity being, that cases are no longer concealed, but are more promptly brought to light and placed under treatment, and in this way more cases are now entered on record and appear in the statistics than was formerly the case. The public mind has undergone a great change in its estimate of institutions for the insane; confidence has largely succeeded doubt, and satisfaction with their general administration has grown to be almost universal; the reluctance of families to send a mentally afflicted member to a State hospital has diminished equally with the aversion formerly felt to letting the fact of his mental condition be known; and the result is that a large number of cases formerly kept at home are now sent to institutions for care and treatment. Furthermore, the better care which the insane receive under modern methods of treatment in institutions has undoubtedly increased the duration of insane life, a fact which should be borne in mind in considering the question of the "increase" of insanity. How far the general question at issue has been affected by these forces, and whether they have reached the maximum of their modifying influence upon the validity of the statistics which pertain to this

The Ratio of Insanity to Population.

subject, can not yet be fully determined. So far as the commission is able to see, the current notion that insanity is increasing out of due proportion to the normal increase in population, has little, if any, real basis to rest upon. This view of the question is sustained by recent observations of the lunacy commissioners of England and Scotland.

PART V.

SUMMARY OF RECOMMENDATIONS.

CHAPTER 33.

SUMMARY OF RECOMMENDATIONS.

The following is a brief summary of the recommendations of the Commission, references to chapter and page being given:

1. The Commission would recommend that the statutes be so amended as to provide for concentration of responsibility in the appointment and discharge of officers and employees. (Ch. 12, p. 97.)

2. That statutory provision be made to prevent suits at law against officers and employees where the cause of the suit is alleged to have arisen while in the discharge of official duties, except with the consent of the Attorney-General or a justice of the supreme court. (Ch. 13, p. 100.)

3. That the laws relating to the organization of hospitals for the insane, to the care and commitment of this class, and to the State Commission in Lunacy, be codified and reduced to one compact and comprehensive chapter, which would be convenient for reference and information. (Ch. 30, p. 529.)

4. That the existing requirements as to the recommendations of the Commission in Lunacy should be changed. (Ch. 30, p. 531.)

5. That legislation be had which will effectually prevent interference of municipal authorities with the management of State hospitals for the insane. (Ch. 30, p. 532.)

6. That a modification of existing statutes be had which will provide that contracts may be entered into by two or more of the hospitals for supplies, instead of by all, as the law now requires. (Ch. 30, p. 532.)

7. That the statute relating to the purchase of supplies by contract should be made more specific. (Ch. 30, p. 533.)

Summary of Recommendations.

8. That the system of uniformity of record-books, forms and accounts be extended by statutory provision. (Ch. 30, p. 534.)

9. That the Legislature provide that the printing for the State hospitals be done in those hospitals where adequate printing plants exist. (Ch. 30, p. 534.)

10. That all lands needed for State hospital purposes should be acquired through the operation of ordinary condemnation proceedings. (Ch. 30, p. 535.)

PART VI.

STATISTICS.

CHAPTER 34.

GENERAL STATISTICAL REVIEW.

The number of committed and registered insane in the State on October 1, 1895, was as follows:

State hospital system (including the Matteawan State Hospital for Insane Criminals).....	10,156
Exempted county system (New York and Kings counties),	9,213
Licensed private asylum system.....	847
	<hr/>
Total.....	20,216
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The net increase over the preceding year may be classified as follows:

State hospital system.....	585
Exempted county system.....	515
Licensed private asylum system.....	31
	<hr/>
Total net increase.....	1,131
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The details of the foregoing statement will be found in the following table:

General Statistical Review.

LICENSED PRIVATE ASYLUM SYSTEM.

	137	156	293	72	72	144	209	228	437	145	165	310	17	.....
Bloomingdale Asylum	33	79	112	29	29	62	62	112	174	135	77	112	.....	.....
Providence Retreat	22	19	41	37	37	53	59	35	94	24	23	112	.....	.....
Marshall Infirmary	45	51	96	39	39	62	84	74	158	46	45	47	.....	.....
Long Island Home	27	31	58	15	15	28	42	44	86	27	26	91	.....	5
Brigham Hall .....	.....	55	55	.....	.....	28	.....	83	83	.....	59	53	.....	5
St. Vincent's Retreat .....	.....	16	26	5	5	10	15	21	36	12	15	27	.....	.....
Sanford Hall .....	.....	13	13	10	10	10	.....	23	23	.....	14	14	.....	.....
Dr. Wells' Sanitarium .....	.....	15	33	28	28	50	40	43	83	15	11	26	.....	7
Dr. Combes' Sanitarium .....	.....	3	6	2	2	2	3	5	8	3	5	8	.....	.....
Dr. Choate's House .....	.....	2	3	3	3	5	3	5	8	1	4	5	.....	.....
Dr. Parsons' Retreat .....	.....	20	28	9	9	17	16	29	45	8	20	28	.....	.....
Glennary .....	.....	8	7	8	8	5	10	15	15	5	6	8	.....	.....
Falkirk .....	.....	4	2	2	2	21	11	15	26	5	6	11	.....	.....
Vernon House .....	.....	3	5	8	8	13	18	13	31	12	10	22	.....	.....
Breezehurst Terrace .....	.....	9	17	9	9	14	14	15	19	9	3	12	.....	.....
Waldmere .....	.....	10	4	4	4	5	4	10	14	3	6	9	.....	.....
The Pines .....	.....	1	7	3	3	7	4	8	11	1	4	5	.....	.....
Interpines .....	.....	1	3	2	2	6	3	8	11	1	4	5	.....	.....
Total	332	485	817	261	273	534	593	758	1,351	351	496	847	50	19

General Statistical Review.

The number of hospitals and asylums, public and private, for the insane, September 30, 1895, was as follows:

State hospital system (inclusive of the Matteawan State Hospital for Insane Criminals).....	9
Exempted county system (New York, 4; Kings, 2).....	6
Licensed private asylum system.....	18
Total.....	<u>33</u>

Total cost of hospitals and asylums for the insane to September 30, 1895:

State hospital system (inclusive of Matteawan State Hospital).....	\$15,100,000 00
Exempted county system.....	7,787,372 00
Licensed private asylum system.....	2,000,000 00
. Total.....	<u>\$24,887,372 00</u>

Number of persons employed by hospitals and asylums for the insane, September 30, 1895:

State hospital system.....	2,271
Exempted county system.....	1,765
Licensed private asylum system.....	665
Total.....	<u>4,701</u>

Receipts of State hospitals and asylums for the insane for the fiscal year ending September 30, 1895:

State hospital system.....	\$2,553,048 66
Exempted county system.....	1,600,000 00
Licensed private asylum system.....	330,000 00
Total.....	<u>\$4,483,048 66</u>

Statistics of State Hospital System.

The statistics contained in the appended tables are for the year ending September 30, 1895, although a portion of them begin with the fiscal year which ended September 30, 1889, the commission having been created previous to that date during the same year. The statistics cover the medical and financial operations of the State hospital system, the exempted county system and the licensed private asylum system, together with the institutions for the idiotic and feeble-minded. By reason of the unification of the medical and financial records made during the year 1891, the actual results of treatment and the cost of maintenance can be determined with greater accuracy than has heretofore been the case.

Statistics of State Hospital System.

TABLE No. 1.

Showing the number of registered insane remaining in the State Hospitals October 1, 1894, the number admitted, and the total number under treatment during the year, and the number remaining October 1, 1895, with the increase or decrease.

INSTITUTIONS.	REMAINING OCTOBER 1, 1894.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1895.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1895.			REMAINING OCTOBER 1, 1895.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Utica State Hospital.....	487	512	999	260	134	394	747	646	1,393	470	522	992	.....	7
Willard State Hospital.....	1,015	1,160	2,165	153	195	348	1,168	1,345	2,513	1,028	1,173	2,201	36	.....
Hudson River State Hospital.....	748	681	1,429	294	270	564	1,042	951	1,993	771	736	1,507	78	.....
Middletown State Homoeopathic Hospital.....	520	527	1,047	146	132	278	666	659	1,325	554	561	1,115	68	.....
Buffalo State Hospital.....	367	357	724	217	219	436	584	576	1,160	416	453	869	145	.....
Binghamton State Hospital.....	547	672	1,219	118	100	218	665	772	1,437	554	672	1,226	7	.....
St. Lawrence State Hospital.....	509	592	1,100	293	156	449	802	747	1,549	631	692	1,323	153	.....
Rochester State Hospital.....	213	22	235	91	105	196	304	327	631	236	243	479	44	.....
Matteawan State Hospital.....	416	37	453	140	6	146	556	43	599	477	37	514	61	.....
Total.....	4,822	4,749	9,571	1,712	1,317	3,029	6,534	6,066	12,600	5,137	5,019	10,156	592	7

Statistics of State Hospital System.

Apportionments by State Commission in Lunacy, chapter 693, Laws of 1895.....	1,482 55	5,339 01	2,694 95	1,733 20	.....	1,090 87	13,788 14	2,849 60	.....
Special legislative appropriations, 1893 and 1894.....	.....	621 66	700 79	3,262 70	.....	2,732 91	251 54	.....	342 93
Surplus maintenance fund of 1893.....	4112 82	.....	.....	818 16	1,547 96	.....	.....	.....	.....
Certificate of deposit, Journal of Insanity.....	2,011 92	.....	.....	.....	.....	.....	.....	.....	.....
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive, and exclusive of payments from surplus and other funds.....	3 63	2 83	3 92	3 75	3 53	3 59	4 23	4 50	4 01
Maximum rate of wages paid attendants:									
Men.....	50 00	35 00	30 00	35 00	40 00	40 00	30 00	30 00	45 00
Women.....	35 00	22 00	20 00	32 00	25 00	28 00	25 00	22 00	25 00
Minimum rate of wages paid attendants:									
Men.....	20 00	16 00	18 00	20 00	22 00	16 00	18 00	22 00	18 00
Women.....	12 00	12 00	13 00	14 00	13 00	12 00	12 00	15 00	15 00
Proportion of day attendants to average daily population.....	1-9	1 11	1-7	1-9.21	1-11	1-7.6	1-8	1-10.171	1-8.32
Proportion of night attendants to average daily population.....	1-77	1-66	1-62	1-54.85	1-80	1-58.1	1-36	1-51.037	1-37.76
Percentage of daily patient population engaged in some kind of useful occupation.....	57.58	48.00	65.00	25.48	78.00	46.4	58.00	72 69	54.80
Estimated value of farm and garden products during year.....	\$16,759 07	\$19,388 95	\$19,137 65	\$8,600 00	\$14,109 90	\$27,042 35	\$22,892 48	\$8,781 10	\$8,513 47
Estimated value of articles made or manufactured by patients during the year.....	6,000 00	20,000 00	11,365 48	3,275 00	7,494 93	17,834 37	8,030 28	9,846 61	8,230 27

* Of this amount \$7,807.19 was overdraft.

† Includes interest and sundries.

‡ Overdrawn.

TABLE No. 3.
Showing assigned causes of insanity in cases admitted to State Hospitals during the year ending September 30, 1895,
and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abuse .....	.....	.....	.....	.....	.....	.....
Abuse of drugs	3	.....	3	14	17	31
Amenorrhœa .....	.....	2	2	.....	4	4
Anæmia .....	.....	1	1	.....	3	3
Arrest of mental development (imbecility)	6	2	8	46	14	60
Bodily injury	7	2	9	38	10	48
Bulbar paralysis .....	.....	.....	.....	.....	1	1
Bright's disease (see nephritis) .....	.....	.....	.....	1	1	2
Burns .....	.....	.....	.....	.....	1	1
Carcinoma .....	.....	.....	.....	.....	1	1
Carcinoma uteri .....	.....	.....	.....	.....	1	1
Castration	1	.....	1	.....	3	3
Cerebral disease	11	9	20	2	.....	2
Cerebro-spinal meningitis .....	.....	.....	.....	84	65	149
Christian Science .....	.....	.....	.....	1	.....	1
Cigarette smoking	1	.....	1	.....	.....	.....
Cinchonism .....	.....	.....	.....	1	.....	.....
Climacteric .....	.....	72	72	.....	2	2
Confinement in prison	31	.....	31	.....	1	1
Confinement and masturbation	5	.....	5	88	354	354
Congenital defect	10	13	23	37	1	89
Debility .....	.....	.....	.....	65	.....	37
	.....	.....	.....	.....	50	115
	.....	.....	.....	.....	1	1

Statistics of State Hospital System.

Disease of skull and brain.....	3	.....	3	15	9	24
Duodenitis (catarrhal).....	.....	.....	.....	1	1	2
Dyspepsia (chronic).....	.....	.....	.....	1	.....	1
Electric shock.....	1	.....	1	3	1	4
Enteritis.....	.....	1	1	.....	1	1
Epilepsy (including catalepsy and chorea).....	56	43	99	426	273	699
Epilepsy with injury to head.....	.....	.....	.....	3	.....	3
Erysipelas.....	.....	.....	.....	1	1	2
Excessive smoking.....	3	.....	.....	21	2	23
Excessive study.....	7	3	10	27	15	42
Excessive study and intemperance.....	.....	.....	.....	1	.....	1
Excessive study and la grippe.....	.....	.....	.....	1	.....	1
Exophthalmic goitre.....	.....	.....	.....	1	6	7
Exposure in infancy.....	.....	.....	.....	1	.....	1
Extraction of teeth.....	.....	.....	.....	.....	1	1
Fear of punishment.....	1	.....	1	2	1	3
Fever.....	10	10	20	50	52	102
Fracture of skull.....	.....	.....	.....	3	.....	3
Gastro duodenitis.....	.....	.....	.....	.....	.....	.....
General ill health.....	88	106	194	530	754	1,284
Gunshot injury to head.....	.....	.....	.....	1	.....	1
Habitual constipation.....	.....	.....	.....	.....	1	1
Hæmorrhage.....	.....	.....	.....	.....	1	1
Hereditary predisposition.....	118	109	227	455	490	945
Heredity and confinement.....	2	.....	2	26	.....	26
Heredity and intemperance.....	.....	.....	.....	6	1	7
Heredity and masturbation.....	.....	.....	.....	2	.....	2
Hydrocephalus.....	3	.....	3	5	.....	5
Hypochondriasis.....	.....	.....	.....	.....	.....	.....
Hysteria.....	.....	.....	.....	.....	.....	.....
Ill health, following fever.....	1	1	2	1	1	1
					9	10

Statistics of State Hospital System.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Ill health following overwork.....	52	57	109	274	417	691
Ill health following remorse.....	.....	.....	.....	5	1	6
Ill health from prolonged lactation.....	.....	.....	.....	.....	.....	.....
Ill treatment.....	.....	1	1	.....	2	2
Intemperance and venereal excesses.....	1	.....	1	18	1	19
Intemperance in drink.....	290	46	336	1,517	258	1,775
Intemperance (peppermint).....	.....	.....	.....	1	.....	1
Intemperance in drink and narcotics.....	32	8	40	207	49	256
Intemperance (tobacco).....	.....	.....	.....	2	1	3
Intense heat (firing boilers).....	1	.....	1	4	.....	4
Lactation.....	.....	11	11	.....	61	61
La grippe.....	41	31	72	145	125	270
La grippe and heredity.....	.....	.....	.....	.....	.....	.....
La grippe and injury to spine.....	.....	.....	.....	2	.....	2
La grippe and intemperance.....	1	.....	1	5	1	6
La grippe and morphine habit.....	.....	.....	.....	1	.....	1
Laparotomy.....	.....	.....	.....	.....	1	1
Lead poisoning.....	.....	.....	.....	3	.....	3
Leukaemia.....	.....	.....	.....	1	.....	1
Locomotor ataxia.....	1	.....	1	5	.....	5
Loss of sleep.....	.....	1	1	.....	2	2

TABLE No. 3 — (*Continued*).

Showing assigned causes of insanity in cases admitted to State hospitals during the year ending September 30, 1895, and since October 1, 1888.

Statistics of State Hospital System.

Loss of special sense	.....	.....	.....	.....	3
Malarial poisoning	.....	1	1	2	7
Masturbation	65	12	77	56	462
Masturbation and excessive use of tobacco	.....	.....	.....	.....	1
Measles	.....	.....	.....	2	4
Meningitis	6	2	8	11	28
Menstrual irregularities	.....	9	9	67	67
Military hardship	1	.....	1	.....	3
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affections, disappointed ambition, political excitement, religious excitement, etc.	.....	.....	.....	.....	.....
Multiple sclerosis	212	294	506	1,658	2,833
Myelitis	.....	.....	.....	1	1
Nephritis	.....	.....	.....	.....	1
Nervous prostration	.....	.....	.....	1	2
Neuritis (optic)	.....	.....	.....	2	2
Nostalgia	1	1	2	.....	1
Old age	63	49	112	5	10
Opium habit	3	3	6	331	623
Otitis media	.....	.....	.....	28	46
Otitis media, following scarlet fever	.....	.....	.....	1	2
Ovarian disease	.....	.....	.....	.....	.....
Ovariectomy	.....	.....	.....	5	5
Paralysis (infantile)	.....	.....	.....	2	2
Phthisis pulmonalis	.....	1	.....	.....	1
Physical disability	4	.....	4	5	20
Physical disease	.....	.....	.....	.....	1
Poleo-myelitis anterior	10	18	28	193	332
Post-spinal sclerosis	.....	.....	.....	1	1
Pregnancy	.....	12	12	80	80

Statistics of State Hospital System.

TABLE No. 3—(Concluded).

Showing assigned causes of insanity in cases admitted to State hospitals during the year ending September 30, 1895,
and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Previous attack.....	1	7	8	11	17	28
Privation	1	3	4	13	32	45
Privation and overwork.....	3	8	11	33	67	100
Puberty.....	.....	1	1	2	9	11
Puerperal, including childbirth and abortion .....	.....	54	54	.....	286	286
Rheumatism.....	.....	.....	.....	5	8	13
Seduction .....	.....	1	1	.....	3	3
Severe scald.....	.....	.....	.....	1	2	3
Sexual excesses.....	19	2	21	91	8	99
Shock from injury.....	15	6	21	64	17	81
Spiritualism	1	1	2	2	2	4
Sunstroke	45	3	48	231	29	260
Surgical operation.....	1	5	6	2	8	10
Syphilis.....	26	1	27	132	23	155
Traumatic.....	52	13	65	278	72	350
Tuberculosis, pulmonary, .....	.....	.....	.....	1	1	2
Use of hair wash.....	.....	1	1	.....	2	2
Uterine and ovarian disease	1	11	12	2	64	66

Statistics of State Hospital System.

Venereal disease	15	2	17	50	13	63
Vicious habits and indulgences	11	8	19	56	29	85
Unascertained	360	256	616	3,153	2,566	5,719
Not insane	9	4	13	80	14	94
Total	1,712	1,317	3,029	10,446	8,791	19,237

Statistics of State Hospital System.

TABLE No. 4.

Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1895,
and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1895.

FORM OF INSANITY.	UTICA STATE HOSPITAL.			WILLARD STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOSPITAL.			BUFFALO STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	24	13	5	42	17	2	77	34	13	54	34	5	66	32	7
Mania, sub-acute.....	53	18	5	14	9	.....	47	6	2	35	17	3	41	11	.....
Mania, recurrent.....	6	3	.....	2	5	.....	10	2	.....	6	3	.....	3	2	.....
Mania, chronic.....	26	.....	4	27	1	12	19	1	9	6	2	3	32	.....	2
Melancholia, acute.....	61	28	5	73	17	19	177	70	18	91	50	7	110	41	8
Melancholia, sub-acute.....	70	31	8	7	7	2	19	4	2	.....	.....	.....	23	7	1
Melancholia, chronic.....	24	1	4	38	5	5	24	4	7	6	.....	4	7	2	1
Alternating (circular) insanity.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
General paralysis.....	20	22	6	6	.....	8	43	.....	15	14	.....	16	26	.....	20
Dementia, primary.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	5	3	.....
Dementia, terminal.....	78	40	40	105	.....	76	102	.....	72	56	.....	39	100	4	32
Epilepsy.....	18	.....	5	21	.....	16	21	.....	.....	4	4	3	10	.....	2
Imbecility.....	7	.....	.....	5	.....	.....	18	.....	7	4	.....	.....	1	.....	.....
Idiocy.....	.....	.....	.....	7	.....	3	1	.....	.....	.....	.....	1	1	.....	.....
Not insane*.....	5	.....	.....	.....	.....	.....	2	.....	.....	3	.....	1	8	.....	.....
Total.....	394	94	98	348	61	143	564	121	149	278	106	82	436	102	73

* Cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 4 — (Continued).
 Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1895,
 and since October 1, 1888.
 YEAR ENDING SEPTEMBER 30, 1895.

FORM OF INSANITY.	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			MATTEAWAN STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	23	13	7	62	30	6	37	9	5	9	5	2
Mania, sub acute	37	12	1	31	7	3	11	5	5	15	6	.....
Mania, recurrent	14	7	.....	5	.....	.....	4	5	.....	.....	1	.....
Mania, chronic	5	1	9	47	.....	.....	18	1	5	6	1	3
Melancholia, acute	36	20	3	52	23	15	8	7	1	26	12	1
Melancholia, sub-acute	33	5	5	29	7	1	19	8	.....	42	17	.....
Melancholia, chronic	7	3	1	2	1	6	14	3	.....	4	1	2
Alternating (circular) insanity .....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	.....	.....
General paralysis	3	.....	4	24	.....	24	20	.....	14	5	.....	3
Dementia, primary	2	.....	.....	2	1	.....	4	.....	.....	14	3	.....
Dementia, terminal	43	42	.....	127	51	52	51	.....	23	6	.....	5
Epilepsy	12	10	27	.....	.....	11	8	.....	2	6	1	2
Imbecility	3	.....	.....	5	.....	2	.....	.....	.....	10	.....	1
Idiocy .....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Not insane* .....	.....	.....	.....	6	.....	1	1	.....	.....	3	.....	.....
Total	218	61	82	423	69	128	196	30	55	146	47	19

* Cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 4 — (*Continued*).
 Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1895,
 and since October 1, 1888.

SINCE OCTOBER 1, 1888.

FORM OF INSANITY.	UTICA STATE HOSPITAL.			WILLARD STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOSPITAL.			BUFFALO STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	210	127	34	197	72	29	462	221	72	482	208	43	462	260	44
Mania, sub-acute.....	453	162	36	110	36	3	165	31	7	275	87	9	186	76	3
Mania, recurrent.....	25	13	1	46	18	10	61	18	4	37	5	...	40	21	2
Mania, chronic.....	225	4	35	304	21	168	266	8	44	125	9	11	166	8	9
Melancholia, acute.....	422	212	43	313	85	88	794	356	65	639	326	45	...	...	...
Melancholia, sub-acute.....	354	150	23	99	25	10	58	6	3	1	...	...	...	...	...
Melancholia, chronic.....	198	17	66	282	15	63	223	16	92	43	8	20	...	324	97
Alternating (circular) insanity.....	7	...	1	2	...	...	...	...	...	...	...	...	...	...	...
General paralysis.....	143	...	139	81	...	66	165	...	...	104	...	...	...	...	...
Dementia, primary.....	22	9	...	1	...	44	44	22	16	4	...	...	...	...	...
Dementia, terminal.....	605	...	215	970	...	549	938	...	238	371	1	163	...	59	12
Epilepsy.....	127	1	26	130	...	109	179	...	23	46	...	...	...	6	13
Imbecility.....	22	...	3	68	...	114	114	1	16	22	...	4	...	...	...
Idiocy.....	1	...	...	35	...	15	3	...	...	1	...	1	...	...	...
Not insane*.....	53	...	...	7	...	...	25	3	...	7	...	2	...	...	...
Unclassified.....	37	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Total.....	2,904	704	622	2,645	272	1,122	3,497	682	760	2,127	737	389	2,713	754	485

* Cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 4 — (*Concluded*).
 Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1895,
 and since October 1, 1888.
 SINCE OCTOBER 1, 1888.

FORM OF INSANITY.	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			MATTAWAN STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	131	61	18	231	145	25	174	67	22	76	24	9
Mania, sub-acute.....	149	35	8	94	30	6	59	17	2	68	19	2
Mania, recurrent.....	58	24	5	17	3	.....	42	19	4	5	3	1
Mania, chronic.....	176	14	91	287	4	31	81	3	24	82	13	16
Melancholia, acute.....	128	56	11	257	100	32	67	36	8	147	60	15
Melancholia, sub-acute.....	120	10	14	188	24	3	74	16	.....	131	43	8
Melancholia, chronic.....	84	3	49	152	2	17	57	3	8	30	2	9
Alternating (circular) insanity.....	3	.....	.....	4	.....	.....	12	3	.....	7	1	.....
General paralysis.....	39	.....	44	89	1	56	56	.....	36	26	.....	17
Dementia, primary.....	40	7	.....	35	5	19	11	4	3	42	7	3
Dementia terminal.....	353	.....	21*	742	.....	151	239	1	112	57	.....	18
Epilepsy.....	97	.....	66	112	1	18	40	.....	11	30	4	4
Idiocy.....	13	.....	1	58	.....	6	18	.....	.....	31	1	3
Not insane*.....	8	.....	.....	27	.....	2	.....	.....	1	1	.....	.....
Unclassified.....	3	.....	.....	18	.....	1	3	.....	2	9	.....	.....
Total.....	1,402	216	534	2,271	315	367	933	169	233	745	186	101

* Cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 5.									
Showing the number and percentage of annual recoveries and deaths since October 1, 1888, on the daily average number resident.									
	Utica State Hospital.	Willard State Hospital.	Hudson River State Hospital.	Middle-town State Hospital.	Buffalo State Hospital.	Binghamton Hospital.	St. Lawrence Hospital.	Rochester Hospital.	Maltoawan State Hospital.
1888-9.									
Average daily population.....	645	2,004	475	536	384	1,400	.....	310	219
Recoveries.....	126	30	102	101	90	19	.....	16	11
Percentage.....	19.53	9	21	18.84	23.5	1.72	.....	5.2	5.02
Deaths.....	69	113	46	15	38	69	.....	23	10
Percentage.....	10.69	5.6	9	2.79	9.90	6.27	.....	7.4	4.56
1890.									
Average daily population.....	690.9	2,052	573	578	412	1,096	.....	329	224
Recoveries.....	135	13	106	105	120	17	.....	13	8
Percentage.....	19.53	.6	18	18.16	29.12	1.55	.....	3.9	3.56
Deaths.....	93	123	46	30	42	55	.....	29	13
Percentage.....	13.45	5.9	7.6	5.19	10.21	5.01	.....	8.8	5.8
1891.									
Average daily population.....	786	2,055	733	709	509	1,136	227	352	240
Recoveries.....	108	36	93	113	129	34	29	18	27
Percentage.....	13.74	1.7	12.6	15.93	25.34	3	13	5.1	11.25
Deaths.....	97	168	95	43	70	77	28	23	12
Percentage.....	12.34	8.2	13	6.06	13.75	6.7	12	6.5	5
1892.									
Average daily population.....	811	2,062	848	827	614	1,143	486	381	277
Recoveries.....	87	31	85	125	108	26	77	22	25
Percentage.....	10.72	1.5	10	15.11	17.58	2.3	16	5.8	9.02
Deaths.....	80	191	113	67	57	87	42	35	10
Percentage.....	9.86	9.2	13	8.40	9.28	7.6	8.6	9.2	3.61
1893.									
Average daily population.....	923	2,140	939	976	599	1,258	632	395	386
Recoveries.....	85	41	90	107	102	32	71	24	36
Percentage.....	9.20	1.9	9.5	10.96	17.02	2.5	11	6.06	9.32
Deaths.....	94	165	108	79	51	80	75	33	15
Percentage.....	10.18	7.7	11.5	8.09	8.51	6.4	12	8.3	3.88

Statistics of State Hospital System.

1894.									
Average daily population.....	978	2,165	1,354	1,021	682	1,244	933	428	431
Recoveries.....	69	70	85	80	103	27	69	46	33
Percentage.....	7.06	3.2	6.27	7.83	15.1	2.2	7.4	10.7	7.65
Deaths.....	91	219	203	73	104	84	94	35	22
Percentage.....	9.30	10.1	4	7.15	15.25	6.7	10	8.17	5.10
1895.									
Average daily population.....	1,004	2,188	1,483	1,097	800	1,222	1,152	459	490
Recoveries.....	94	61	121	106	102	61	68	30	47
Percentage.....	9.36	2.7	8.16	9.66	12.75	4.99	5.9	6.5	9.59
Deaths.....	98	143	149	82	73	82	128	55	19
Percentage.....	9.76	6.5	10	7.47	9.12	6.71	11	11.9	3.87

Statistics of State Hospital System.

TABLE No. 6.
Showing the cause of death of those who died during the year 1895 and since October 1, 1888.

	DURING THE YEAR 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abcess .....	.....	.....	.....	4	2	6
Accident .....	.....	3	3	2	5	7
Alcoholism and heart failure.....	1	.....	1	2	.....	2
Anæmia, pernicious .....	.....	.....	.....	2	.....	2
Aneurism, aortic.....	.....	.....	.....	2	.....	2
Angina pectoris .....	.....	.....	.....	1	1	2
Anthrax.....	.....	.....	.....	1	.....	1
Apnoea, asphyxia.....	.....	.....	.....	2	.....	2
Apoplexy, cerebral.....	26	17	43	94	106	200
Apoplexy, pulmonary.....	.....	1	1	1	1	2
Appendicitis	1	.....	1	1	1	2
Asphyxia .....	.....	.....	.....	8	5	13
Asphyxia from lodgment of food in pharynx.....	.....	.....	.....	2	.....	2
Asthenia	28	5	33	95	36	131
Asthenia and fracture of arm.....	.....	.....	.....	.....	1	1
Asthenia, following fracture of femur.....	.....	1	1	.....	4	4
Asthma	1	1	2	.....	1	3
Atheroma .....	.....	.....	.....	.....	1	1
Bronchitis	3	3	6	10	14	24
Burns.....	.....	.....	.....	.....	1	1
Cancer	1	6	7	14	38	52
Cardiac paralysis.....	3	8	11	20	34	54
Cellulitis .....	.....	.....	.....	3	.....	3

Statistics of State Hospital System.

	4	4	8	20	19	39
Cerebral disease.....	4	4	8	20	19	39
Cerebro-spinal sclerosis.....	.....	.....	.....	1	1	2
Chorea.....	.....	1	1	1	1	2
Choroid plexus, cystic degeneration of.....	.....	.....	.....	1	.....	1
Cirrhosis of liver.....	.....	.....	.....	10	3	13
Convulsions.....	.....	.....	.....	.....	.....	.....
Cystic degeneration of kidneys.....	.....	.....	.....	1	.....	1
Cystitis.....	1	1	2	5	5	10
Delirium tremens and exhaustion.....	1	.....	1	3	1	4
Diabetes.....	.....	.....	.....	6	2	8
Diarrhea.....	3	15	18	25	40	65
Dilatation of heart.....	.....	2	2	1	4	5
Diphtheria.....	1	.....	1	2	1	3
Diseases of bladder and prostrate.....	1	.....	1	3	.....	3
Diseases of liver.....	1	1	2	2	4	6
Diseases of stomach and intestines.....	2	2	4	9	10	19
Dysentery.....	8	11	19	24	35	59
Empyæmia.....	.....	.....	.....	.....	.....	.....
Emphysema.....	.....	.....	.....	3	1	4
Endocarditis.....	1	2	3	2	2	4
Endocarditis, chronic.....	3	2	5	7	6	13
Endocarditis, suppurative.....	.....	.....	.....	.....	1	1
Enteritis.....	3	8	11	29	52	81
Enterocolitis.....	.....	5	5	.....	10	10
Epilepsy.....	14	11	25	95	73	168
Epistaxis.....	.....	1	1	1	1	2
Erysipelas.....	2	1	3	17	13	30
Erysipelas, phlegmonous.....	.....	.....	.....	1	.....	1
Exhaustion from mental disease.....	74	51	125	459	343	802
Exhaustion from mental disease and old age.....	5	1	6	16	10	26
Exhaustion from ovarian cyst.....	.....	.....	.....	.....	1	1

TABLE No. 6 — (*Continued*).
Showing the cause of death of those who died during the year 1895 and since October 1, 1898.

	DURING THE YEAR 1895.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
Exophthalmic goitre .....	.....	.....	.....	.....	1	1
Fecal impaction .....	.....	.....	.....	1	.....	1
Fever, scarlet .....	.....	.....	.....	.....	.....	.....
Fistula .....	.....	.....	.....	.....	1	1
Foreign body in stomach .....	.....	.....	.....	.....	1	1
Fracture of ribs and pleurisy .....	.....	.....	.....	1	.....	1
Fracture of ribs and lumbar vertebrae .....	.....	1	3	9	3	12
Gangrene	2	.....	1	5	1	6
Gangrene of extremities	1	.....	.....	1	.....	1
Gastric hemorrhage .....	.....	.....	.....	5	.....	5
Gastritis .....	.....	1	1	5	4	9
Gastro-enteritis .....	.....	.....	.....	.....	3	7
Glandular abscess .....	.....	.....	.....	.....	1	1
Gloma cerebri .....	.....	.....	.....	.....	1	1
Hemorrhagic cystitis .....	.....	.....	.....	.....	1	1
Hemorrhagic pachymeningitis .....	.....	1	1	.....	1	1
Heart disease	10	21	31	89	121	210
Hepatitis .....	.....	1	1	3	1	4
Hip-joint disease	1	.....	1	1	.....	1
Hydro-pneumothorax .....	.....	.....	.....	1	.....	1
Influenza	4	5	9	11	19	30
Influenza and la grippe .....	.....	.....	.....	.....	.....	.....
Internal injuries .....	.....	.....	.....	1	.....	1
Intestinal stricture .....	.....	.....	.....	.....	2	2

Statistics of State Hospital System.

Intestinal ulceration	1	1	1	1	2
Intussusception	1	1	1	1	2
Jaundice, catarrhal	1	1	1	1	1
Laryngitis and chronic endocarditis	1	1	1	1	1
Locomotor ataxia	1	1	1	1	6
Mania, acute, delirious	1	1	1	1	3
Marasmus	1	1	1	1	1
Meningitis	4	10	35	19	54
Multiple neuritis	1	1	1	1	1
Myelitis	1	1	1	1	2
Nephritis	18	47	71	74	145
Œdema of glottis, tracheotomy	1	1	2	3	5
Œdema, pulmonary	3	4	13	13	26
Organic brain disease	1	1	2	3	5
Paralysis	21	23	47	5	52
Pelvic cellulitis	1	1	1	1	1
Pericarditis	1	1	1	1	2
Peritonitis	1	1	13	10	23
Perityphilitis	2	3	2	1	3
Pharyngeal abscess	1	1	2	1	2
Phthisis pulmonalis	15	35	141	172	313
Pleurisy	1	1	3	3	6
Pleuritic effusion	1	1	2	1	3
Pleuro-pneumonia	50	90	258	193	451
Pneumonia	1	4	4	9	13
Primary dementia and exhaustion	1	1	1	1	3
Pulmonary abscess	1	1	1	1	1
Purpura hæmorrhagæ	1	1	1	1	1
Pyæmia	1	1	1	1	1
Pyelitis	1	1	1	1	1
Pyenephrosis	1	1	1	1	2

Statistics of State Hospital System.

	DURING THE YEAR 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rheumatism .....	.....	.....	.....	1	.....	1
Rupture of heart	2	1	3	3	4	7
Scarlet fever .....	.....	.....	.....	1	.....	1
Sclerosis, lateral .....	.....	.....	.....	.....	1	1
Secondary hæmorrhage .....	.....	.....	.....	1	.....	1
Senile gangrene .....	.....	.....	.....	1	1	2
Senility	14	16	30	100	94	194
Septicæmia .....	.....	1	1	11	6	17
Shock .....	.....	1	1	1	5	6
Shock from fracture .....	.....	.....	.....	.....	.....	.....
Strangulated hernia	4	.....	4	12	6	18
Status epilepticus .....	.....	.....	.....	.....	.....	.....
Suicide, unclassified	4	.....	4	20	9	29
Suicide, cut throat .....	.....	.....	.....	1	.....	1
Suicide, drowning .....	.....	.....	.....	1	.....	1
Suicide, strangulation	1	.....	1	6	3	9
Sunstroke .....	.....	.....	.....	1	.....	1
Syphilis .....	.....	.....	.....	.....	5	5
Syphilis of brain and heart clot .....	.....	.....	.....	.....	.....	.....
Traumatism .....	.....	.....	.....	1	.....	1
Tubercular enteritis .....	.....	.....	.....	.....	.....	.....
Tubercular caries .....	.....	.....	.....	.....	.....	.....

TABLE No. 6 — (Concluded).

Showing the cause of death of those who died during the year 1895 and since October 1, 1888.

Statistics of State Hospital System.

Tuberculosis	27	19	46	152	141	293
Tumors.....	.....	1	1	2	2	4
Tumor, cerebellar and cerebral hæmorrhage.....	12	10	22	49	41	90
Typhlitis .....	.....	.....	.....	1	.....	1
Typho-enteritis .....	.....	.....	.....	.....	1	1
Typhoid fever.....	6	3	9	15	8	23
Ulceration of rectum .....	.....	.....	.....	.....	1	1
General paresis.....	71	12	83	443	86	529
Total	464	365	829	2,578	1,985	4,563

Statistics of State Hospital System.

TABLE No. 7.
Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.
YEAR ENDING SEPTEMBER 30, 1895.

NUMBER OF ADMISSIONS.	UTICA.		WILLARD.		HUDSON RIVER.		MIDDLETOWN.		BUFFALO.	
	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.
First.....	335	.....	302	1	506	.....	228	24	368	.....
Second .. .	42	29	44	.....	50	22	37	6	45	21
Third	7	7	2	.....	7	3	11	.....	15	10
Fourth or more .. .	10	20	.....	.....	1	1	2	1	8	3
Total cases .. .	394	56	348	1	564	26	278	31	436	34
Total persons.....	379	56	348	.....	506	22	228	.....	432	34

Statistics of State Hospital System.

TABLE No. 7 — (Continued).
 Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.
 YEAR ENDING SEPTEMBER 30, 1895.

NUMBER OF ADMISSIONS.	BINGHAMTON.		ST. LAWRENCE.		ROCHESTER.		MATTEAWAN.	
	Cases admitted.	Times previously charged, re-covered.	Cases admitted.	Times previously charged, re-covered.	Cases admitted.	Times previously charged, re-covered.	Cases admitted.	Times previously charged, re-covered.
First	193	.....	399	.....	189	.....	135	.....
Second.....	19	7	43	18	7	2	7	4
Third.....	5	3	6	4	.....	.....	4	4
Fourth or more.....	1	2	1	.....	.....	.....	.....	.....
Total cases.....	218	12	449	22	196	2	146	8
Total persons	215	10	.....	.....	189	2	145	7

Statistics of State Hospital System.

TABLE No. 7—(Continued).
 Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.

SINCE OCTOBER 1, 1888.

NUMBER OF ADMISSIONS.	UTICA.		WILLARD.		HUDSON RIVER.		MIDDLETOWN.		BUFFALO.	
	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.
First	2,231	.....	2,436	16	2,911	.....	1,890	127	2,282	.....
Second	514	176	171	8	489	105	176	34	352	142
Third	90	52	29	1	62	28	43	16	56	27
Fourth or more	69	59	9	.....	35	21	18	3	23	11
Total cases	2,904	287	2,645	25	3,497	154	2,127	180	2,713	180
Total persons	2,806	287	2,620	.....	2,911	105	1,890	.....	2,611	180

Statistics of State Hospital System.

TABLE No. 7 — (*Concluded*).
 Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.
 SINCE OCTOBER 1, 1888.

	BINGHAMTON.		ST. LAWRENCE.		ROCHESTER.		MATTEAWAN.	
	Cases admitted.	Times previ- ously dis- charged re- covered.	Cases admitted.	Times previ- ously dis- charged re- covered.	Cases admitted.	Times previ- ously dis- charged re- covered.	Cases admitted.	Times previ- ously dis- charged re- covered.
First.....	1,061	.....	2,110	.....	824	20	673	.....
Second.....	270	38	164	.....	68	18	57	54
Third	56	8	15	.....	18	4	11	11
Fourth or more.....	15	5	4	.....	23	17	4	2
Total cases.....	1,402	51	2,293	.....	933	59	745	67
Total persons....	1,368	48	.....	.....	921	50	683	57

NUMBER OF ADMISSIONS.

Statistics of State Hospital System.

TABLE No. 8.
Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	164	137	301	746	688	1,434
Maternal branch	154	182	336	817	922	1,739
Paternal and maternal branches	24	26	50	145	154	299
Collateral branches	144	105	249	793	859	1,652
No hereditary tendency	720	646	1,366	3,120	2,656	5,776
Unascertained	582	220	802	4,779	3,505	8,284
Not insane*	4	1	5	46	7	53
Total	1,792	1,317	3,109	10,446	8,791	19,237

* Cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 9.
Showing civil condition of patients admitted during the current year and since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	833	488	1,321	5,162	3,211	8,373
Married	699	569	1,268	4,292	3,905	8,197
Widowed	160	248	408	789	1,513	2,302
Divorced	11	9	20	39	39	78
Unascertained	9	3	12	164	123	287
Total	1,712	1,317	3,029	10,446	8,791	19,237

Statistics of State Hospital System.

TABLE No. 10.
Showing degree of education of patients admitted during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	26	3	29	194	47	241
Academic	96	104	200	516	599	1,115
Common school	1,095	852	1,947	6,192	5,451	11,643
Read and write	158	41	199	1,129	399	1,528
Read only	77	92	169	544	562	1,106
No education	144	103	247	868	764	1,632
Unascertained	116	122	238	1,003	969	1,972
Total	1,712	1,317	3,029	10,446	8,791	19,237

Statistics of State Hospital System.

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	139	107	246
One to three months.....	80	78	158
Three to six months.....	40	43	83
Six to nine months.....	19	27	46
Nine months to one year.....	12	8	20
One year to eighteen months.....	13	17	30
Eighteen months to two years.....	6	4	10
Two to three years.....	10	12	22
Three to four years.....	6	2	8
Four to five years.....	2	.....	2
Five to ten years.....	8	4	12
Ten to twenty years.....	1	2	3
Unascertained.....	37	14	51
Total.....	373	318	691

PERIOD UNDER TREATMENT.

Under one month.....	8	1	9
One to three months.....	80	45	125
Three to six months.....	117	112	229
Six to nine months.....	55	60	115
Nine months to one year.....	32	31	63
One year to eighteen months.....	35	34	69
Eighteen months to two years.....	20	10	30
Two to three years.....	11	14	25
Three to four years.....	8	6	14
Four to five years.....	2	.....	2
Five to ten years.....	4	4	8
Ten to twenty years.....	1	1	2
Total.....	373	318	691

Statistics of State Hospital System.

TABLE No. 11 — (Concluded.)

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	697	588	1,285
One to three months.....	458	502	960
Three to six months.....	240	268	508
Six to nine months.....	137	137	274
Nine months to one year.....	54	61	115
One year to eighteen months.....	90	104	194
Eighteen months to two years.....	28	33	61
Two to three years.....	54	57	111
Three to four years.....	25	21	46
Four to five years.....	20	12	32
Five to ten years.....	37	36	73
Ten to twenty years.....	16	19	35
Unascertained.....	247	94	341
Total.....	2,103	1,932	4,035

PERIOD UNDER TREATMENT.

Under one month.....	52	25	77
One to three months.....	426	287	713
Three to six months.....	621	590	1,211
Six to nine months.....	359	378	737
Nine months to one year.....	205	205	410
One year to eighteen months.....	205	221	426
Eighteen months to two years.....	92	71	163
Two to three years.....	75	88	163
Three to four years.....	40	37	77
Four to five years.....	14	10	24
Five to ten years.....	16	18	34
Ten to twenty years.....	3	3	6
Not insane*.....	10	1	11
Total.....	2,118	1,934	4,052

*Includes cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged not recovered during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	67	41	108
One to three months.....	72	43	115
Three to six months.....	51	44	95
Six to nine months.....	32	16	48
Nine months to one year.....	11	12	23
One year to eighteen months.....	34	25	59
Eighteen months to two years.....	11	11	22
Two to three years.....	29	20	49
Three to four years.....	27	19	46
Four to five years.....	12	10	22
Five to ten years.....	36	29	65
Ten to twenty years.....	41	22	63
Twenty to thirty years.....	29	15	44
Over thirty years.....	8	6	14
Unascertained.....	77	46	123
Total.....	537	359	896

PERIOD UNDER TREATMENT.			
Under one month.....	22	24	46
One to three months.....	70	51	121
Three to six months.....	88	37	125
Six to nine months.....	38	34	72
Nine months to one year.....	35	17	52
One year to eighteen months.....	93	56	149
Eighteen months to two years.....	15	49	64
Two to three years.....	43	41	84
Three to four years.....	42	23	65
Four to five years.....	40	12	52
Five to ten years.....	40	7	47
Ten to twenty years.....	9	8	17
Twenty to thirty years.....	2	.....	2
Total.....	537	359	896

Statistics of State Hospital System.

TABLE No. 12 — (Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged not recovered during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	313	217	530
One to three months.....	354	238	592
Three to six months.....	243	250	493
Six to nine months.....	168	139	307
Nine months to one year.....	109	73	182
One year to eighteen months.....	193	172	365
Eighteen months to two years.....	64	63	127
Two to three years.....	215	169	384
Three to four years.....	142	137	279
Four to five years.....	84	113	197
Five to ten years.....	254	249	503
Ten to twenty years.....	215	189	404
Twenty to thirty years.....	129	110	239
Over thirty years.....	52	56	108
Unascertained.....	661	315	976
Total.....	3,196	2,490	5,686

PERIOD UNDER TREATMENT.			
Under one month.....	170	129	299
One to three months.....	339	266	605
Three to six months.....	400	311	711
Six to nine months.....	273	186	459
Nine months to one year.....	188	158	346
One year to eighteen months.....	402	289	691
Eighteen months to two years.....	196	168	364
Two to three years.....	350	289	639
Three to four years.....	194	161	355
Four to five years.....	151	142	293
Five to ten years.....	315	212	527
Ten to twenty years.....	181	145	326
Twenty to thirty years.....	36	34	70
Over thirty years.....	1	.....	1
Totals.....	3,196	2,490	5,686

Statistics of State Hospital System.

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	43	37	80
One to three months.....	50	34	84
Three to six months.....	25	33	58
Six to nine months.....	32	14	46
Nine months to one year.....	15	10	25
One year to eighteen months.....	39	29	68
Eighteen months to two years.....	14	10	24
Two to three years.....	52	26	78
Three to four years.....	25	17	42
Four to six years.....	32	23	55
Six to ten years.....	25	27	52
Ten to twenty years.....	31	32	63
Twenty years and over.....	23	28	51
Not insane*.....	1	.....	1
Unascertained.....	57	45	102
Total.....	464	365	829

PERIOD UNDER TREATMENT.			
Under one month.....	73	42	115
One to three months.....	56	48	104
Three to six months.....	46	38	84
Six to nine months.....	27	27	54
Nine months to one year.....	37	25	62
One year to eighteen months.....	54	41	95
Eighteen months to two years.....	15	31	46
Two to three years.....	47	23	70
Three to four years.....	39	24	63
Four to six years.....	27	15	42
Six to ten years.....	21	19	40
Ten to twenty years.....	16	22	38
Twenty years and over.....	6	10	16
Total.....	464	365	829

* Includes cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

TABLE No. 13 — (*Concluded.*)

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	214	156	370
One to three months.....	245	168	413
Three to six months.....	178	128	306
Six to nine months.....	146	92	238
Nine months to one year.....	86	56	142
One year to eighteen months.....	199	135	334
Eighteen months to two years.....	80	50	130
Two to three years.....	256	164	420
Three to four years.....	145	99	244
Four to six years.....	146	135	281
Six to ten years.....	153	151	304
Ten to twenty years.....	153	159	312
Twenty years and over.....	106	134	240
Not insane*.....	2	1	3
Unascertained.....	469	357	826
Total.....	2,578	1,985	4,563

PERIOD UNDER TREATMENT.			
Under one month.....	367	218	585
One to three months.....	287	229	516
Three to six months.....	295	205	500
Six to nine months.....	172	138	310
Nine months to one year.....	162	117	279
One year to eighteen months.....	270	183	453
Eighteen months to two years.....	155	130	285
Two to three years.....	260	155	415
Three to four years.....	165	113	278
Four to six years.....	143	132	275
Six to ten years.....	145	151	296
Ten to twenty years.....	123	155	278
Twenty years and over....	33	59	92
Unascertained.....	1	.....	1
Total.....	2,578	1,985	4,563

* Includes cases of alcoholism, opium habit, etc.

Statistics of State Hospital System.

AGE.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years.....	.....	.....	.....	2	3	5
From ten to fifteen years.....	5	4	9	27	26	53
From fifteen to twenty years.....	50	47	97	380	270	650
From twenty to twenty-five years.....	165	107	272	855	623	1,478
From twenty-five to thirty years.....	186	149	335	1,256	901	2,157
From thirty to thirty-five years.....	199	150	349	1,150	937	2,087
From thirty-five to forty years.....	230	149	379	1,551	1,102	2,653
From forty to fifty years.....	349	271	620	2,123	1,954	4,077
From fifty to sixty years.....	236	202	438	1,479	1,403	2,882
From sixty to seventy years.....	155	131	286	923	895	1,818
From seventy to eighty years.....	106	70	176	534	487	1,021
From eighty to ninety years.....	28	32	60	133	138	271
From ninety to one hundred years.....	.....	3	3	5	28	33
Unascertained.....	3	2	5	28	24	52
Total	1,712	1,317	3,029	10,446	8,791	19,237

TABLE No. 14.

Showing ages of those admitted during the current year and since October 1, 1888.

Statistics of State Hospital System.

TABLE No. 15.
Showing ages of those discharged recovered during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years.....	23	15	38	122	124	246
From twenty to thirty years.....	106	89	195	596	537	1,133
From thirty to forty years.....	95	86	181	578	536	1,114
From forty to fifty years.....	80	70	150	441	383	824
From fifty to sixty years.....	46	46	92	228	241	469
From sixty to seventy years.....	15	10	25	103	91	194
From seventy to eighty years.....	8	2	10	33	17	50
From eighty to ninety years.....	.....	.....	.....	1	.....	1
Unascertained.....	.....	.....	.....	1	3	4
Total.....	373	318	691	2,103	1,932	4,035

Statistics of State Hospital System.

TABLE. No. 16.
Showing ages of patients who died during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years.....	.....	1	1	1	5	6
From fifteen to twenty years.....	6	4	10	19	14	33
From twenty to twenty-five years.....	12	10	22	81	57	138
From twenty-five to thirty years.....	28	8	36	142	96	238
From thirty to thirty-five years.....	36	15	51	212	110	322
From thirty-five to forty years.....	55	30	85	303	153	456
From forty to fifty years.....	76	69	145	482	374	856
From fifty to sixty years.....	84	62	146	459	401	860
From sixty to seventy years.....	71	75	146	415	346	761
From seventy to eighty years.....	62	53	115	338	299	637
From eighty to ninety years.....	34	34	68	117	112	229
From ninety to one hundred years.....	.....	3	3	5	13	18
Unascertained.....	.....	1	1	4	5	9
Total.....	464	365	829	2,578	1,985	4,563

Statistics of State Hospital System.

TABLE No. 17.

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1895.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	289	254	543
One to three months	250	193	443
Three to six months	146	142	288
Six to nine months	103	103	206
Nine months to one year	49	25	74
One year to eighteen months.....	125	119	244
Eighteen months to two years.....	38	15	53
Two to three years	120	87	207
Three to four years.....	69	46	115
Four to five years	45	28	73
Five to ten years	132	91	223
Ten to fifteen years	52	33	85
Fifteen to twenty years.....	22	21	43
Twenty to thirty years	40	28	68
Thirty years and upwards	17	14	31
Not insane*	11	5	16
Unascertained.....	204	113	317
Total	1,712	1,317	3,029

* Includes cases of alcoholism, morphia habit, etc.

Statistics of State Hospital System.

TABLE No. 18.

Showing period of residence in asylum of patients remaining under treatment September 30, 1895.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	114	104	218
One to three months.....	211	180	391
Three to six months.....	483	319	802
Six to nine months.....	180	175	355
Nine months to one year ..	190	157	347
One year to eighteen months.....	388	412	800
Eighteen months to two years.....	693	669	1,362
Two to three years.....	481	505	986
Three to four years.....	524	472	996
Four to five years.....	508	506	1,014
Five to ten years.....	729	778	1,507
Ten to fifteen years.....	350	412	762
Fifteen to twenty years.....	139	188	327
Twenty to thirty years.....	137	129	266
Thirty years and upwards.....	10	13	23
Not insane* .....	.....	.....	.....
Total	5,137	5,019	10,156

* Includes cases of alcoholism, morphia habit, etc.

Statistics of State Hospital System.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	54	2	56	349	23	372
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc...	255	2	257	1,245	17	1,262
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	303	.....	303	2,082	6	2,088
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.....	265	.....	265	1,543	1	1,544
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	184	.....	184	1,152	8	1,160
Domestic service:						
Waiters, cooks, servants, etc.....	39	308	347	207	2,684	2,891
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	17	789	806	111	4,434	4,545
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	.....	4	4	11	71	82

TABLE No. 19.

Showing the occupation of those admitted during the current year and since October 1, 1888.

Statistics of State Hospital System.

Employed in sedentary occupation :						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	3	62	65	74	467	541
Miners, seamen, etc.....	13	.....	13	64	.....	64
Prostitutes .....	..	5	5	.....	18	18
Laborers....	473	.....	473	2,810	.....	2,810
No occupation.....	93	129	222	632	872	1,504
Unascertained.....	13	16	29	166	190	356
Total	1,712	1,317	3,029	10,446	8,791	19,237

Statistics of State Hospital System.

TABLE No. 20.
Showing the nativity of patients admitted during the current year and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admissions.....	1,712	1,317	3,029	10,446	8,791	19,237
Total born in United States.....	1,162	857	2,019	6,919	5,459	12,378
Africa.....	1	.....	1	3	.....	3
Algiers.....	.....	.....	.....	2	.....	2
Arabia.....	.....	.....	.....	1	.....	1
Armenia.....	.....	.....	.....	2	.....	2
Australia.....	.....	.....	.....	2	.....	2
Austria.....	9	5	14	23	10	33
Bahama Islands.....	.....	.....	.....	1	.....	1
Bavaria.....	1	.....	1	7	.....	7
Belgium.....	1	.....	1	5	.....	5
Bohemia.....	1	.....	1	7	6	13
Born at sea.....	.....	.....	.....	.....	1	1
British India.....	.....	.....	.....	1	.....	1
Canada.....	45	44	89	247	235	482
China.....	2	.....	2	5	.....	5
Cuba.....	2	.....	2	3	.....	3
Denmark.....	1	4	5	11	8	19
England.....	60	36	96	318	236	554
Finland.....	1	1	2	2	3	5
France.....	7	5	12	43	30	73
Germany.....	131	95	226	838	732	1,570
Greece.....	.....	.....	.....	2	1	3

Statistics of State Hospital System.

Holland.....	6	4	10	24	14	38
Hungary.....	4	4	8	16	12	28
India.....	.....	.....	.....	2	2	2
Indian (Am.).....	.....	.....	.....	3	.....	5
Ireland.....	184	194	378	1,155	1,462	2,617
Isle of Man.....	.....	.....	.....	.....	1	1
Italy.....	17	5	22	74	23	97
Jamaica.....	.....	.....	.....	.....	1	1
Japan.....	1	.....	1	2	.....	2
Malta.....	.....	.....	.....	1	.....	1
Mexico.....	.....	.....	.....	1	.....	1
New Brunswick.....	.....	.....	.....	1	2	3
Newfoundland.....	.....	.....	.....	.....	1	1
Norway.....	2	.....	2	5	3	8
Nova Scotia.....	.....	.....	.....	1	2	3
Persia.....	.....	.....	.....	1	.....	1
Philippine Islands.....	.....	.....	.....	1	.....	1
Poland.....	8	7	15	52	50	102
Prussia.....	1	1	2	4	2	6
Roumania.....	2	.....	2	3	.....	3
Russia.....	8	6	14	39	16	55
Saxony.....	.....	.....	.....	2	.....	2
Scotland.....	9	7	16	62	62	124
Sicily.....	.....	.....	.....	2	.....	2
Spain.....	.....	.....	.....	2	.....	2
Sweden.....	11	9	20	52	48	100
Switzerland.....	7	5	12	44	22	66
Wales.....	4	3	7	33	25	58
West Indies.....	2	.....	2	3	1	4
Unascertained.....	22	25	47	419	321	740

Statistics of State Hospital System.

TABLE No. 21.

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1895.

COUNTIES.	UTICA			WILLARD.			HUDSON RIVER.			MIDDLETOWN.			BUFFALO.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany.....	41	2	43	8	...	8	82	3	85	2	1	3	...	...	...
Allegany.....	...	...	...	18	...	18	...	...	...	...	...	...	...	...	...
Broome.....	...	1	1	...	...	...	1	...	1	...	1	1	...	...	25
Cattaraugus.....	...	...	...	40	2	42	...	...	...	...	...	...	25	...	41
Cayuga.....	...	...	...	...	...	...	...	...	...	...	...	...	40	1	...
Chautauqua.....	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Chemung.....	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Chenango.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Clinton.....	...	...	...	1	...	1	28	1	29	...	...	...	...	...	...
Columbia.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cortland.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Delaware.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dutchess.....	...	...	...	2	...	2	91	8	99	2	3	5	...	...	...
Erle.....	...	...	...	...	...	...	...	...	...	1	1	1	...	7	326
Essex.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Franklin.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fulton.....	23	2	25	16	...	16	9	2	11	...	1	1	...	1	1
Genesee.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Greene.....	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Hamilton.....	29	5	34	3	...	3	...	...	...	...	...	...	...	...	...
Herkimer.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson.....	1	...	1	...	...	...	1	...	1	2	15	17	...	...	...
Kings.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Lewis.....	...	...	...	6	...	6	...	...	...	...	...	...	...	...	...
Livingston.....	3	...	3	2	...	2	1	...	1	1	2	3	1	...	1
Madison.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Monroe.....	28	...	28	1	...	1	5	6	11	5	28	33	39	...	39
Montgomery.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New York.....	118	5	123	6	...	6	...	...	...	...	1	1	...	...	...
Niagara.....
Oneida.....
Onondaga.....	2	...	2	1	...	1	...	1	1	4	2	6

Statistics of State Hospital System.

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Statistics of State Hospital System.

COUNTIES.	BINGHAMTON.			ST. LAWRENCE.			ROCHESTER.			MATTEAWAN.		
	Public.	Private.	Total.	P	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany .....	...	...	...	35	...	35	...	...	...	3	...	3
Allegany	45	3	48	...	...	...	...	...	...	...	...	...
Broome .....	...	...	...	...	...	...	...	...	...	...	...	...
Cattaraugus .....	...	...	...	1	...	1	...	...	...	1	...	1
Cayuga .....	...	...	...	...	...	...	...	...	...	...	...	...
Chautauqua	34	1	35	...	...	...	...	...	...	1	...	1
Chemung	22	1	23	...	...	...	...	...	...	...	...	...
Chenango .....	...	...	...	...	...	...	...	...	...	...	...	...
Clinton .....	...	...	...	19	1	20	...	...	...	...	...	...
Columbia	16	3	19	...	...	...	...	...	...	...	...	...
Cortland	12	...	12	...	...	...	...	...	...	1	...	1
Delaware .....	...	...	...	...	...	...	...	...	...	...	...	...
Dutchess	1	...	1	...	...	...	...	...	...	...	...	...
Erie .....	...	...	...	...	...	...	...	...	...	...	...	...
Essex .....	...	...	...	18	...	18	...	...	...	...	...	...
Franklin .....	...	...	...	17	...	17	...	...	...	...	...	...
Fulton .....	...	...	...	6	3	6	3	...	3	...	...	3
Genesee .....	...	...	...	...	...	...	...	...	...	...	...	...
Greene .....	...	...	...	...	...	...	...	...	...	...	...	...
Hamilton .....	...	...	...	...	...	...	...	...	...	...	...	...
Herkimer .....	...	...	...	11	...	11	...	...	...	...	...	...
Jefferson .....	...	...	...	45	7	52	...	...	...	1	...	1
Kings .....	...	...	...	...	...	...	...	...	...	...	...	...
Lewis .....	...	...	...	10	...	10	13	...	13	...	...	...
Livingston	18	...	18	...	...	...	...	1	1	...	...	...
Madison .....	...	...	...	...	...	...	171	4	175	4	...	4
Monroe .....	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery .....	...	1	1	...	...	...	1	...	1	23	...	23
New York .....	...	...	...	...	...	...	...	...	...	1	1	1
Niagara .....	...	...	...	91	...	...	...	...	...	1	...	1
Oneida	2	...	2	...	...	...	...	...	...	...	...	...
Onondaga .....	...	...	...	...	...	91	...	...	...	...	...	5

TABLE No 21—(Concluded).

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1895.

Statistics of State Hospital System.

Ontario.....	202	16	218	436	13	449	191	5	196	146	...	...
Orange.....	.....	.....	.....	1	.....	.....	1	.....	1	1	.....	1
Orleans.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Oswego.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Oswego.....	22	2	24	48	1	49	.....	.....	.....	.....	.....	.....
Putnam.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Queens.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer.....	.....	.....	.....	10	.....	10	.....	.....	.....	.....	.....	.....
Richmond.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Rockland.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Lawrence.....	.....	.....	.....	70	4	74	.....	.....	.....	1	.....	1
Saratoga.....	.....	.....	.....	37	.....	37	.....	.....	.....	.....	.....	.....
Schenectady.....	12	1	13	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seuben.....	.....	1	1	.....	.....	.....	1	.....	1	3	.....	3
Suffolk.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Sullivan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tioga.....	17	3	20	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ulster.....	1	.....	1	.....	.....	.....	.....	.....	.....	1	.....	1
Warren.....	.....	.....	.....	16	.....	16	.....	.....	.....	.....	.....	.....
Washington.....	2	.....	2	.....	.....	2	.....	.....	.....	1	.....	1
Wayne.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8	.....	8
Westchester.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	85	.....	85
State patients.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Soldiers Home.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	202	16	218	436	13	449	191	5	196	146	...	146

Statistics of State Hospital System.

TABLE No. 22.
Showing the residence by counties and classification of patients remaining under treatment September 30, 1895.

COUNTIES.	UTICA.				WILLARD.				HUDSON RIVER.						
	PUBLIC.		PRIVATE.		PUBLIC.		PRIVATE.		PUBLIC.		PRIVATE.				
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Men.	Women.	Total.	Men.	Women.	Total.	
Albany	62	75	137	1	4	5	56	73	129	35	74	109	1	2	3
Allegany							36	36	72				1		
Broome					1	1				1					
Cattaraugus							16	19	35						
Cayuga	1		1	1	1	1	45	76	171	1	1	2			
Chatauqua							17	19	36						
Chemung		3	3		1	1	44	47	91		1				
Chenango				1											
Clinton	1		1					3	3		2	1	3		
Columbia								1	1		42	52	94	2	1
Cortland															
Delaware															
Dutchess	2	1	3								131	116	1	3	6
Erie				1		1	121	2	2						
Essex							5	5	10						
Franklin							12	11	23						
Fulton	11	27	38	2	1	3	16	9	25						
Genesee							20	26	46						
Greene										19	9	28	2	1	3
Hamilton	3	1	4	1		1	2		2						
Herkimer	26	46	72	1	1	2	6	11	17						
Jefferson		2	2	2	2	4	1		1						
Kings				2		2					4	2	6	4	4
Lewis		1	1		1	1	5	5	10						
Livingston															
Madison	25	30	55	1	2	3	26	34	60						
Monroe		1	1	1	1	1	3	4	7						
Montgomery	42	35	77	1	2	3	22	12	34		2				
New York	1	1	2	1	2	3	13	12	25						
Niagara								1	1	7	21	28	9	14	23
Onondaga	180	190	370	5	7	12	39	35	74						
Ontario	3	5	8	1		1	24	63	87					1	1
							68	72	140						

Statistics of State Hospital System.

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Statistics of State Hospital System.

COUNTIES.	MIDDLETOWN.						BUFFALO.						BINGHAMTON.					
	PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	7	7	14	3	3	6							58	73	131			
Allegany.....													1	1	2			
Broome.....	1	1	2	1		1	2	2	4				76	73	149	3	2	5
Cattaraugus.....							22	26	48			2						
Cayuga.....	2	1	3				51	53	104					1	1			
Chautauqua.....	1		1															
Chemung.....	3	1	4	1		1				2	3	5	21	18	39			1
Chemungo.....	1	2	3		1	1						2	43	48	91	3	1	4
Clinton.....																		
Columbia.....		1	1											8	8			
Cortland.....													18	30	48	1	1	2
Delaware.....		13	13	1	1	2							34	36	70	2		2
Dutchess.....	2		2			1	287	291	578	7	6	13	1	13	14			
Erie.....																		
Essex.....																		
Franklin.....																		
Fulton.....				1		1							9	8	17			
Genesee.....					1	1	5	5	10									
Greene.....		1	1		1	1							12	23	35			
Hamilton.....																		
Herkimer.....													1	1	2			
Jefferson.....																		
Kings.....	11	10	21	23	23	46								1	1		2	2
Lewis.....																		
Livingston.....										1		1						
Madison.....	2	2	4		1	1							14	11	25			
Monroe.....	2	3	5	1	3	4	1	7	8	1	2	3						
Montgomery.....													10	6	16			
New York.....	13	15	28	54	55	109											1	1
Niagara.....							27	43	70									
Oneida.....	1		1															
Onondaga.....	14	1	15	1	6	7							22	1	23			
Ontario.....	2		2		1	1												

TABLE No. 22.—(Continued.)
Showing the residence by counties and classification of patients remaining under treatment September 30, 1895.

Statistics of State Hospital System.

Orange.....	29	112	241	23	20	43	6	5	11				9	14	28		
Orcans								1									
Oswego	1	1	2					1	1				40	47	87	1	1
Osseo.....					1	1											
Putnam																	
Queens	33	21	54	5	2	7							3		3		
Rensselaer.....													26	65	91		
Richmond.....	14	17	31	3		3							1	1	2		
Rockland.....	23	33	66	1									5	5	10		
St. Lawrence.....					1	1											
Saratoga.....	5	9	14		1	1							20	20	40		
Schenectady.....					1	2							1				
Scholarie	1		1										18	36	54		
Schuyler															1	1	
Seneca.....																	
Steuben					1	1		1	1				16	18	34		
Suffolk	43	53	96	1	4	5							11	13	24		
Sullivan.....	39	43	82										5		7		
Tioga.....	2	1	3		2	2							28	34	62	1	1
Tompkins.....					1	1											
Ulster	54	58	112	1	2	3							14	8	22		
Warren	1	2	3										8	4	12		
Washington.....					1									5	5		
Wayne						1											
Westchester.....					3	5											
Wyoming.....	5	12	17	2	3	5							10	34	44		
Yates	1	1	2	1	1	2	2	3	5								
State patients.....													7	2	9		
Soldiers and Sailors' Home.....													2		2		
Unascertained.....																	
Indians.....																	
Total.....	423	422	845	131	139	270	403	437	840	13	16	29	544	661	1,205	10	21

Statistics of State Hospital System.

COUNTIES.	S ^t . LAWRENCE.				ROCHESTER.				MATTEAWAN.			
	PUBLIC.		PRIVATE.		PUBLIC.		PRIVATE.		PUBLIC.		PRIVATE.	
	Men.	Women.	Total.		Men.	Women.	Total.		M-n.	Women.	Total.	
												Total.
Albany.....	35		35						13	1	14	
Allegany.....									1			
Broome.....									1			
Cattaraugus.....						1	1		2		2	
Cayuga.....									4		4	
Chatauqua.....									1		1	
Chemung.....									2	2	4	
Chenango.....	33	43	76						2		2	
Clinton.....	3	4	7						1		1	
Columbia.....									1		1	
Cortland.....									1		1	
Delaware.....									3		3	
Dutchess.....	4	11	15						4		4	
Erie.....	2	1	3			1	2		1		1	
Essex.....	17	19	36						1		1	
Franklin.....	16	23	39									
Fulton.....	6		6									
Genesee.....						2	2	4				
Greene.....									1		1	
Hamilton.....												
Herkimer.....	11		11									
Jefferson.....	63	61	124						1		1	
Kings.....	4	6	10				3		3		3	
Lewis.....	37	25	62						6	3	9	
Livingston.....						5	4	9				
Madison.....												
Monroe.....	1		1			222	226	448	1		1	
Montgomery.....									13	3	16	
New York.....	10	6	16			1	1	2	59	5	64	
Niagara.....									3		3	
Oneida.....	6	8	14						5	2	7	
Onondaga.....	107	132	239			1	1		6	3	9	
Ontario.....												

TABLE No. 22. — (Concluded).
Showing the residence by counties and classification of patients remaining under treatment September 30, 1895.

Statistics of State Hospital System.

Orange.....	68	97	165				1	2	3				3	2	3			
Orleans.....																		
Oswego.....							1								1			
Otsego.....																		
Putnam.....																		
Queens.....	2	10	12										3					
Rensselaer.....	22	27	49										2					
Richmond.....	2	2	4										4					
Rockland.....	1		3										1					
St. Lawrence.....	68	83	151				1						3					
Saratoga.....	33	1	34										1					
Schenectady.....																		
Schoharie.....													1					
Schuyler.....													1					
Seneca.....																		
Stauben.....													1					
Suffolk.....			2															
Sullivan.....																		
Tioga.....																		
Tompkins.....																		
Ulster.....	5	1	6															
Warren.....	18	8	26															
Washington.....	3	5	8															
Wayne.....													1					
Westchester.....	22	10	32															
Wyoming.....													1					
Yates.....	1		1															
State patients.....	25	15	40															
Soldiers and Sailors' Home.....																		
Unascertained.....	2	15	17															
Indians.....																		
Total.....	627	617	1,244	4	5	9	233	241	474	3	2	5	477	37	514			

Statistics of Exempted County System.

B.

EXEMPTED COUNTY SYSTEM.

STATISTICS OF NEW YORK CITY ASYLUMS.

TABLE No. 1.

Showing movement of population in the New York city asylums for the year ending September 30, 1895.

	Men.	Women.	Total.
Remaining October 1, 1894.....	3,010	3,385	6,395
Admitted during year ending September 30, 1895.....	850	907	1,757
Total number under treatment during year	3,860	4,292	8,152
Daily average population.....	3,089	3,489	6,578
Capacity of institution.....	2,401	3,045	5,446
Discharged during the year:			
As recovered.....	64	81	145
As not recovered.....	302	263	565
As not insane.....	.....	.....	.....
Died	328	308	636
Whole number discharged during the year	694	652	1,346
Remaining October 1, 1895.....	3,166	3,640	6,806

Statistics of Exempted County System.

TABLE No. 2.
General statement of the New York city asylums October 1, 1895.

	Ward's Island, female department.	Ward's Island, male department.	Hart's Island.	Central Islip.
Date of opening.....	1894	1871	1877	1889
Total acreage of grounds and buildings.....	126	125	105	1,000
Value of real estate, including buildings.....	\$2,000,000 00	\$1,700,000 00	\$268,600 00	\$550,000 00
Value of personal property.....	93,000 00	105,000 00	65,205 42	50,000 00
Acreage under cultivation.....	13	18	12	164
Capacity of institution October 1, 1895.....	1,764	1,620	1,302	760
Daily average number of patients.....	1,997	2,358	1,598	625
Disbursements during year:				
Estimate No. 1. For officers' salaries.....	\$9,518 35	\$14,989 12	\$3,704 99	\$3,881 00
Estimate No. 2. For wages.....	75,468 51	91,261 08	47,311 32	35,013 22
Estimate No. 3. For provisions and stores.....	142,683 96	160,193 38	85,854 58	36,630 16
Estimate No. 4. For ordinary repairs.....	1,628 19	4,759 50	425 07	553 69
Estimate No. 5. For farm and grounds.....	298 08	1,044 56	778 84	5,723 97
Estimate No. 6. For clothing.....	31,356 48	95,549 25	4,598 05	908 07
Estimate No. 7. For furniture and bedding.....	20,801 99	26,884 32	16,278 59	12,597 01
Estimate No. 8. For books and stationery.....	171 29	338 75	23 30	215 52
Estimate No. 9. For fuel and light.....	11,223 59	43,454 50	18,777 43	11,373 32
Estimate No. 10. For medical supplies.....	3,553 29	3,652 22	1,306 08	367 91
Estimate No. 11. For miscellaneous expenses....	17,299 08	33,744 21	17,206 54	24,805 45
Estimate No. 12. For transportation.....	.....	.....	.....	3,691 30
Total disbursements during year for main- tenance, estimates 1 to 12 inclusive.....	\$314,002 81	\$475,870 89	\$190,264 79	\$135,790 62

Statistics of Exempted County System.

TABLE No. 2 — (Concluded).
General statement of the New York city asylums October 1, 1895.

	Ward's Island, female department.	Ward's Island, male department.	Hart's Island.	Central Islip.
Weekly <i>per capita</i> cost on daily average number of patients.....	\$2.8504	\$3.8810	\$2.2896	\$4.1782
Maximum rate of wages paid attendants:				
Men, per annum	360 00	480 00	420 00	600 00
Women, per annum	300 00	*	300 00	300 00
Minimum rate of wages paid attendants:				
Men, per annum	300 00	300 00	300 00	300 00
Women, per annum	216 00	*	216 00	216 00
Proportion of day attendants to average daily population.....	1 to 11	1 to 11	1 to 11	1 to 6
Proportion of night attendants to average daily population.....	1 to 40	1 to 59	1 to 65	1 to 33
Percentage of daily patient population engaged in some kind of useful occupation.....	58.	33.	50.	97.
Estimated value of farm and garden products during the year	\$515 05	\$3,379 45	\$2,501 85	\$11,485 07
Estimated value of articles made or manufactured by patients during the year.....	50,000 60	25,000 00	12,000 00	1,250 00

* None employed.

Statistics of Exempted County System.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Arrested development.....	.....	7	7	.....	7	7
Bright's disease	1	.....	1	7	15	22
Chorea .....	.....	2	2	.....	10	10
Cerebral hemorrhage.....	3	10	13	13	36	49
Congenital defect.....	3	20	23	16	76	92
Epilepsy.....	43	23	66	236	229	465
Heart disease	1	.....	1	3	5	8
Hereditary predisposition	6	81	87	139	643	782
Insomnia	1	.....	1	22	1	23
Ill health	27	40	67	166	98	264
Intemperance	140	130	270	1,299	740	2,039
Insolation	10	3	13	60	3	63
La grippe.....	15	3	18	44	39	83
Miasmatic poisoning	1	1	2	10	10	20
Masturbation	28	1	29	283	10	293
Meningitis .....	.....	1	1	.....	1	1
Menopause .....	.....	29	29	.....	66	66
Menstrual disorders.....	.....	3	3	.....	10	10
Morphine habit.....	3	3	6	7	6	13
Ovarian disease .....	.....	2	2	.....	12	12
Organic disease of brain and cord.....	3	.....	3	29	11	40
Pregnancy.....	.....	8	8	.....	12	12

TABLE No 3.

Showing assigned causes of insanity in cases admitted to the New York city asylums during the year ending September 30, 1895, and since October 1, 1888.

TABLE No. 3 — (Concluded).

Showing assigned causes of insanity in cases admitted to the New York city asylums during the year ending September 30, 1895, and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Pubescence .....	.....	1	1	1	1	2
Puerperal condition .....	.....	37	37	.....	306	306
Senility	19	130	149	135	479	614
Surgical operations .....	.....	3	3	.....	4	4
Sexual excess .....	.....	.....	.....	.....	6	6
Syphilis	15	.....	15	105	15	120
Traumatism	32	10	42	176	41	217
Uterine disease .....	.....	13	13	.....	47	47
Moral causes, including domestic troubles, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affections, religious excitement, etc	79	193	272	538	2,325	2,863
Not insane .....	.....	.....	.....	.....	5	5
Unascertained	420	153	573	2,192	153	2,345
Total	850	907	1,757	5,481	5,422	10,903

Statistics of Exempted County System.

TABLE No. 4.
Showing forms of insanity in those admitted, recovered and died in the New York city asylums during the year ending September 30, 1895, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1895.		SINCE OCTOBER 1, 1888.	
	Admitted.	Recovered.	Died.	
Mania, acute	205	33	43	383
Mania, sub-acute .....	.....	.....	.....	.....
Mania, recurrent	12	3	2	25
Mania, chronic	30	.....	20	186
Melancholia, acute	643	101	111	634
Melancholia, sub-acute .....	.....	.....	.....	.....
Melancholia, chronic	170	.....	49	.....
Alternating (circular) insanity .....	.....	.....	.....	276
General paralysis	222	.....	117	.....
Dementia, primary	72	8	20	740
Dementia, terminal	315	.....	233	119
Epilepsy	35	.....	33	1,520
Imbecility	43	.....	7	80
Idiocy	10	.....	1	22
Not insane* .....	.....	.....	.....	4
Total	1,757	145	636	3,989

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 5.

Showing the number and percentage of recoveries and deaths in the New York city asylums, based upon the average daily population since October 1, 1888.

YEAR.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889.....	4,835	186	3.84	473	9.78
1890.....	4,969	273	5.49	478	9.62
1891.....	5,219	190	3.64	514	9.84
1892.....	5,575	166	2.97	589	10.56
1893.....	5,918	146	2.46	687	11.60
1894.....	6,274	173	2.75	612	9.75
1895.....	6,578	145	2.20	636	9.68

TABLE No. 6.

Showing the causes of death of patients who died in the New York city asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Amputation of leg.....	.....	.....	.....	.....	1	1
Apoplexy.....	9	24	33	75	103	178
Aneurism.....	.....	2	2	.....	4	4
Atherómata.....	.....	.....	.....	1	.....	1
Appendicitis.....	.....	.....	.....	4	.....	4
Asthma.....	.....	.....	.....	1	3	4
Asphyxia by submersion.....	.....	.....	.....	3	1	4
Asphyxia by suspension.....	1	.....	1	15	.....	15
Asphyxia by obstruction.....	.....	.....	.....	3	.....	3
Abscess, hepatic.....	.....	.....	.....	1	.....	1
Abscess, cerebral.....	.....	.....	.....	3	2	5
Abscess, psoas.....	.....	.....	.....	1	.....	1
Abscess, post pharyngeal.....	.....	.....	.....	2	.....	2
Abscess, nephritic.....	.....	.....	.....	1	.....	1
Bronchitis, acute.....	.....	2	2	.....	11	11
Bronchitis, chronic.....	.....	3	3	.....	12	14
Bronchitis, capillary.....	2	.....	2	.....	3	15
Bright's disease.....	10	28	38	66	118	184
Cerebral congestion.....	.....	.....	.....	1	4	5
Cerebral cyst.....	1	.....	1	2	.....	2
Cerebral embolism.....	.....	3	3	.....	6	6
Cerebral softening.....	.....	.....	.....	.....	2	2

Statistics of Exempted County System.

TABLE No. 6—(Continued).
Showing the causes of death of patients who died in the New York city asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Cerebral thrombosis.....	.....	2	2	.....	5	5
Cerebral tumor.....	.....	.....	.....	.....	3	3
Carcinoma.....	1	5	.....	.....	25	31
Cirrhosis of liver.....	4	2	6	16	6	22
Cellulitis.....	.....	3	3	.....	9	9
Cystitis and pyelitis.....	3	1	4	.....	1	8
Dementia, senile.....	.....	11	11	.....	44	44
Dementia, terminal.....	1	.....	1	36	19	55
Diarrhœa, acute.....	.....	5	5	1	39	40
Diarrhœa, chronic.....	21	2	23	43	46	89
Dysentery, acute.....	14	3	17	111	46	157
Dysentery, chronic.....	.....	4	4	.....	11	12
Empysema pulmonary.....	.....	.....	.....	5	3	8
Empyæmia.....	.....	.....	.....	.....	3	5
Erysipelas.....	.....	.....	.....	5	9	14
Epilepsy.....	27	10	37	82	57	139
Enteritis, catarrhal.....	10	2	12	16	2	18
Epithelioma.....	.....	.....	.....	5	1	6
Eczema and pemphigus.....	.....	.....	.....	1	.....	1
Fever, remittent.....	.....	.....	.....	1	.....	1
Fever, typhoid.....	.....	.....	.....	2	1	3
Fracture of base of skull.....	.....	.....	.....	1	1	2

Statistics of Exempted County System.

Statistics of Exempted County System.

Fracture of leg.....	.....	.....	.....	.....	.....	1	3
Gangrene of lower extremities.....	.....	.....	.....	.....	.....	3	2
Gastritis.....	.....	.....	.....	.....	.....	11	11
Gastro-enteritis.....	1	2	.....	.....	2	2	2
Goitre, exophthalmic.....	.....	1	.....	.....	.....	1	1
Gummata of dura mater.....	.....	.....	.....	.....	.....	660	660
General paresis.....	94	18	.....	112	582	78	.....
Gall stone.....	.....	.....	.....	.....	1	.....	1
Hernia, strangulated.....	2	.....	.....	2	3	1	4
Heart:							
Clot.....	.....	.....	.....	.....	1	.....	1
Dilatation.....	6	1	.....	7	19	11	30
Endocarditis.....	.....	.....	.....	.....	2	1	3
Rupture of ventricle.....	.....	.....	.....	.....	2	.....	2
Fatty degeneration.....	3	4	.....	.....	30	10	40
Regurgitation, mitral.....	5	19	.....	7	57	117	174
Regurgitation, aortic.....	6	1	.....	24	25	13	38
Stenosis, mitral.....	.....	4	.....	4	8	12	20
Stenosis, aortic.....	1	7	.....	8	8	19	27
Hypertrophy.....	1	.....	.....	1	2	.....	2
Myocarditis, chronic.....	.....	1	.....	1	.....	1	1
Pericarditis.....	.....	1	.....	1	1	3	4
Hemiplegia.....	.....	.....	.....	.....	.....	11	11
Hæmoptysis.....	.....	.....	.....	.....	.....	1	1
Intestinal obstruction.....	1	.....	.....	1	2	1	3
Injuries from fall.....	.....	.....	.....	.....	.....	1	1
Injuries to throat (previous to admission).....	.....	1	.....	1	.....	1	1
Leucocythemia.....	.....	.....	.....	.....	.....	1	1
La grippe.....	.....	1	.....	.....	.....	41	41
Mania, acute.....	.....	4	.....	12	59	64	123
Mania, chronic.....	8	.....	.....	.....	.....	5	5

TABLE No. 6 — (*Concluded*).

Showing the causes of death of patients who died in the New York city asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia, acute.....	3	10	13	49	38	87
Melancholia, chronic.....	.....	2	2	.....	4	4
Myelitis.....	1	.....	1	9	1	10
Meningitis, acute.....	6	.....	6	34	6	40
Meningitis, chronic.....	.....	.....	.....	.....	1	1
Meningitis, tubercular.....	.....	.....	.....	.....	1	1
Meningitis, cerebro-spinal.....	.....	.....	.....	.....	1	1
Meningitis, pachy-hæmorrhagica.....	.....	.....	.....	.....	5	5
Nutritis, multiple.....	.....	2	2	.....	7	7
Edema of glottis.....	.....	.....	.....	1	.....	1
Paraplegia.....	.....	.....	.....	.....	9	9
Pyæmia.....	2	.....	2	22	.....	22
Pleuritis, acute.....	.....	.....	.....	4	3	7
Pleuritis, chronic.....	1	.....	1	1	1	2
Peritonitis.....	1	2	3	11	12	23
Pneumothorax.....	.....	.....	.....	.....	1	1
Purpura-hæmorrhagica.....	.....	.....	.....	.....	6	6
Phthisis.....	67	86	153	340	707	1,047
Pneumonia, pleuro.....	.....	.....	.....	.....	1	1
Pneumonia, acute lobar.....	11	24	35	110	144	254
Pneumonia, acute lobular.....	.....	.....	.....	.....	19	19

Statistics of Exempted County System.

Statistics of Exempted County System.

TABLE No. 8.

Showing hereditary tendency to insanity in patients admitted to the New York city asylums during the current year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	26	16	42	207	99	306
Maternal branch.....	22	20	42	182	173	355
Paternal and maternal branches.....	4	1	5	30	8	38
Collateral branches.....	32	76	108	261	452	713
No hereditary tendency.....	457	486	943	2,724	3,154	5,878
Unascertained.....	309	308	617	2,077	1,536	3,613
Total	850	907	1,757	5,481	5,422	10,903

Statistics of Exempted County System.

TABLE No. 9.

Showing civil condition of patients admitted to the New York city asylums during the current year and since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single ..	447	360	807	2,836	2,065	4,901
Married.....	315	333	648	2,123	2,254	4,377
Widowed.....	82	211	293	406	1,033	1,439
Divorced.....	.....	1	1	3	6	9
Unascertained	6	2	8	113	64	177
Total	850	907	1,757	5,481	5,422	10,903

Statistics of Exempted County System.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate.....	14	4	18	94	10	104
Academic.....	3	7	10	76	22	98
Common school.....	136	28	164	1,192	223	1,415
Read and write.....	596	614	1,210	3,120	3,695	6,815
Read only.....	6	26	32	98	290	388
No education.....	62	118	180	420	796	1,216
Unascertained.....	33	110	143	481	386	867
Total.....	850	907	1,757	5,481	5,422	10,903

TABLE No. 10.

Showing degree of education of patients admitted to the New York city asylums during the current year and since October 1, 1888.

Statistics of Exempted County System.

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	25	46	71
One to three months.....	7	15	22
Three to six months.....	1	9	10
Six to nine months.....	2	1	3
Nine months to one year.....	.....	1	1
One year to eighteen months.....	2	4	6
Eighteen months to two years.....	.....	.....	.....
Two to three years.....	5	1	6
Three to four years.....	.....	1	1
Four to five years.....	.....	.....	.....
Five to ten years.....	.....	.....	.....
Ten to twenty years.....	.....	.....	.....
Not insane*.....	.....	.....	.....
Unascertained.....	22	3	25
Total.....	64	81	145

PERIOD UNDER TREATMENT.

Under one month.....	.....	.....	.....
One to three months.....	16	5	21
Three to six months.....	21	29	50
Six to nine months.....	5	19	24
Nine months to one year.....	9	15	24
One year to eighteen months.....	3	6	9
Eighteen months to two years.....	2	4	6
Two to three years.....	5	3	8
Three to four years.....	.....	.....	.....
Four to five years.....	.....	.....	.....
Five to ten years.....	3	.....	3
Ten to twenty years.....	.....	.....	.....
Not insane*.....	.....	.....	.....
Total.....	64	81	145

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE NO. 11—(*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	184	283	467
One to three months.....	73	124	197
Three to six months.....	22	41	63
Six to nine months.....	17	17	34
Nine months to one year.....	5	6	11
One year to eighteen months.....	6	14	20
Eighteen months to two years.....	3	3	6
Two to three years.....	11	9	20
Three to four years.....	1	5	6
Four to five years.....	2	3	5
Five to ten years.....	.....	5	5
Ten to twenty years.....	.....	12	12
Not insane*.....	3	.....	3
Unascertained.....	213	220	433
Total.....	540	742	1,282

PERIOD UNDER TREATMENT.

Under one month.....	11	32	43
One to three months.....	140	182	322
Three to six months.....	146	219	365
Six to nine months.....	76	134	210
Nine months to one year.....	58	79	137
One year to eighteen months.....	48	45	93
Eighteen months to two years.....	22	23	45
Two to three years.....	21	14	35
Three to four years.....	5	5	10
Four to five years.....	2	1	3
Five to ten years.....	7	4	11
Ten to twenty years.....	1	4	5
Not insane*.....	3	.....	3
Total.....	540	742	1,282

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged not recovered from the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	99	70	169
One to three months.....	47	46	93
Three to six months.....	25	15	40
Six to nine months.....	14	9	23
Nine months to one year.....	4	5	9
One year to eighteen months.....	17	11	28
Eighteen months to two years.....	3	2	5
Two to three years.....	12	7	19
Three to four years.....	3	9	12
Four to five years.....	3	2	5
Five to ten years.....	7	5	12
Ten to twenty years.....	7	5	12
Twenty to thirty years.....	3	.....	3
Over thirty years.....	.....	.....	.....
Not insane*.....	.....	.....	.....
Unascertained.....	58	77	135
Total.....	302	263	565

PERIOD UNDER TREATMENT.			
Under one month.....	35	34	69
One to three months.....	67	56	123
Three to six months.....	74	39	113
Six to nine months.....	35	32	67
Nine months to one year.....	15	24	39
One year to eighteen months.....	30	27	57
Eighteen months to two years.....	10	11	21
Two to three years.....	18	23	41
Three to four years.....	8	9	17
Four to five years.....	5	5	10
Five to ten years.....	3	2	5
Ten to twenty years.....	2	1	3
Twenty to thirty years.....	.....	.....	.....
Not insane*.....	.....	.....	.....
Total.....	302	263	565

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE NO. 12—(Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged not recovered from the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	568	404	972
One to three months.....	236	190	426
Three to six months.....	119	100	219
Six to nine months.....	74	62	136
Nine months to one year.....	55	31	86
One year to eighteen months.....	72	57	129
Eighteen months to two years.....	39	22	61
Two to three years.....	49	52	101
Three to four years.....	27	30	57
Four to five years.....	27	21	48
Five to ten years.....	36	31	67
Ten to twenty years.....	24	33	57
Twenty to thirty years.....	15	8	23
Over thirty years.....	.....	7	7
Not insane*.....	.....	5	5
Unascertained.....	997	512	1,509
Total.....	2,338	1,565	3,903

PERIOD UNDER TREATMENT.			
Under one month.....	342	293	635
One to three months.....	448	307	755
Three to six months.....	338	265	603
Six to nine months.....	218	182	400
Nine months to one year.....	142	130	272
One year to eighteen months.....	126	137	263
Eighteen months to two years.....	103	62	165
Two to three years.....	107	76	183
Three to four years.....	87	40	127
Four to five years.....	181	21	202
Five to ten years.....	133	35	168
Ten to twenty years.....	113	10	123
Twenty to thirty years.....	.....	2	2
Not insane*.....	.....	5	5
Total.....	2,338	1,565	3,903

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of patients who died in the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	36	47	83
One to three months.....	31	32	63
Three to six months.....	13	17	30
Six to nine months.....	15	14	29
Nine months to one year.....	3	12	15
One year to eighteen months.....	20	11	31
Eighteen months to two years.....	4	6	10
Two to three years.....	16	14	30
Three to four years.....	12	9	21
Four to six years.....	5	6	11
Six to ten years.....	11	3	14
Ten to twenty years.....	6	6	12
Twenty years and over.....	3	3	6
Not insane *.....	.....	.....	.....
Unascertained.....	153	128	281
Total	328	308	636

PERIOD UNDER TREATMENT.

Under one month.....	55	52	107
One to three months.....	50	30	80
Three to six months.....	27	25	52
Six to nine months.....	13	11	24
Nine months to one year.....	8	9	17
One year to eighteen months.....	28	16	44
Eighteen months to two years.....	20	9	29
Two to three years.....	25	26	51
Three to four years.....	15	18	33
Four to six years.....	25	32	57
Six to ten years.....	24	31	55
Ten to twenty years.....	27	28	55
Twenty years and over.....	11	21	32
Total.....	328	308	636

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 13 — (Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients who died in the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	277	233	510
One to three months.....	304	159	463
Three to six months.....	110	90	200
Six to nine months.....	86	63	149
Nine months to one year.....	62	46	108
One year to eighteen months.....	81	63	144
Eighteen months to two years.....	40	29	69
Two to three years.....	63	69	132
Three to four years.....	36	38	74
Four to six years.....	27	31	58
Six to ten years.....	20	31	51
Ten to twenty years.....	40	19	59
Twenty years and over.....	14	22	36
Unascertained.....	796	1,140	1,936
Total	1,956	2,033	3,989

PERIOD UNDER TREATMENT.

Under one month.....	361	303	664
One to three months.....	283	182	465
Three to six months.....	200	146	346
Six to nine months.....	106	104	210
Nine months to one year.....	98	91	189
One year to eighteen months.....	138	147	285
Eighteen months to two years.....	79	60	139
Two to three years.....	140	157	297
Three to four years.....	97	122	219
Four to six years.....	126	170	296
Six to ten years.....	153	180	333
Ten to twenty years.....	147	248	395
Twenty years and over.....	28	123	151
Total	1,956	2,033	3,989

TABLE No. 14.

Showing ages of those admitted to the New York city asylums during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.

From five to ten years .....	.....	.....	.....	.....	.....	.....
From ten to fifteen years .....	.....	1	1	19	9	28
From fifteen to twenty years	39	50	89	301	305	606
From twenty to twenty-five years	85	103	188	672	748	1,420
From twenty-five to thirty years	131	111	242	833	839	1,672
From thirty to thirty-five years	114	112	226	832	793	1,625
From thirty-five to forty years	125	110	235	740	625	1,365
From forty to fifty years	142	155	297	1,008	935	1,943
From fifty to sixty years	107	114	221	602	538	1,140
From sixty to seventy years	73	74	147	317	354	671
From seventy to eighty years	31	60	91	103	201	304
From eighty to ninety years	2	14	16	27	53	80
From ninety to one hundred years	1	2	3	12	5	17
Over one hundred years .....	.....	1	1	.....	2	2
Unascertained .....	.....	.....	.....	15	15	30
Total	850	907	1,757	5,481	5,422	10,903

Statistics of Exempted County System.

Statistics of Exempted County System.

TABLE No. 15.

Showing ages of those discharged recovered from the New York city asylums during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	3	14	17	23	77	100
From twenty to thirty years	28	32	60	183	311	494
From thirty to forty years	18	22	40	169	210	379
From forty to fifty years	9	10	19	104	103	207
From fifty to sixty years	2	3	5	34	31	65
From sixty to seventy years	4	.....	4	22	10	32
From seventy to eighty years .....	.....	.....	.....	1	.....	1
From eighty to ninety years .....	.....	.....	.....	1	.....	1
Not insane* .....	.....	.....	.....	3	.....	3
Total	64	81	145	540	742	1,282

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years.....	.....	.....	.....	.....	1	1
From fifteen to twenty years.....	4	6	10	23	44	67
From twenty to twenty-five years.....	7	29	36	85	119	204
From twenty-five to thirty years.....	28	28	56	159	163	322
From thirty to thirty-five years.....	35	33	68	246	206	452
From thirty-five to forty years.....	55	33	88	293	215	508
From forty to forty-five years.....	67	56	123	460	424	884
From forty-five to fifty years.....	59	48	107	340	346	686
From fifty to sixty years.....	40	39	79	213	280	493
From sixty to seventy years.....	24	31	55	99	177	276
From seventy to eighty years.....	8	4	12	23	49	72
From eighty to ninety years.....	.....	.....	.....	3	5	8
From ninety years and over.....	1	1	2	12	4	16
Unascertained .....	.....	.....	.....	.....	.....	.....
Total	328	308	636	1,956	2,033	3,989

TABLE No. 16.

Showing ages of patients who died in the New York city asylums during the current year and since October 1, 1888.

Statistics of Exempted County System.

TABLE No. 17.

Showing alleged duration of insanity previous to admission of patients admitted to the New York city asylums during the year ending September 30, 1895.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	183	244	427
One to three months	114	85	199
Three to six months.	53	56	109
Six to nine months	50	19	69
Nine months to one year.....	9	26	35
One year to eighteen months	66	20	86
Eighteen months to two years.....	10	12	22
Two to three years.....	33	40	73
Three to four years.....	22	17	39
Four to five years.....	13	16	29
Five to ten years	25	20	45
Ten to fifteen years	5	9	14
Fifteen to twenty years.....	4	4	8
Twenty to thirty years	1	7	8
Thirty years and upwards	9	3	12
Unascertained	253	329	582
Total.....	850	907	1,757

Statistics of Exempted County System.

TABLE No. 18.

Showing period of residence in asylum of patients remaining under treatment in the New York city asylums September 30, 1895.

PERIOD OF RESIDENCE.	Men.	Women.	Total
Under one month.	63	65	128
One to three months.	172	124	296
Three to six months.	247	250	497
Six to nine months.	91	123	214
Nine months to one year.	92	91	183
One year to eighteen months.	162	210	372
Eighteen months to two years.	142	172	314
Two to three years.	232	327	559
Three to four years.	244	256	500
Four to five years.	173	223	396
Five to ten years.	717	767	1,484
Ten to fifteen years.	420	474	894
Fifteen to twenty years.	270	271	541
Twenty to thirty years.	141	244	385
Thirty years and upwards. ....	.....	43	43
Total.	3,166	3,640	6,806

Statistics of Exempted County System.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc	26	5	31	179	14	193
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc ..	163	.....	163	887	.....	887
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc	23	.....	23	95	.....	95
Mechanics, at out-door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc	185	.....	185	1,432	.....	1,432

TABLE No. 19.

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

Statistics of Exempted County System.

TABLE No. 19 — (*Concluded*).

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	176	.....	176	958	.....	958
Domestic service:						
Waiters, cooks, servants, etc.....	54	503	557	345	3,605	3,950
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	4	205	209	36	632	668
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	.....	17	17	.....	71	71
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	5	76	81	5	538	543
Miners, seamen, etc.....	.....	.....	.....	.....	.....	.....

Statistics of Exempted County System.

TABLE No. 20.

Showing the nativity of patients admitted to the New York city asylums during the current year and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admissions	850	907	1,757	5,481	5,422	10,903
Total born in United States	312	270	582	1,919	1,534	3,453
Austria.....	18	14	32	105	97	202
Algeria.....	.....	.....	.....	3	.....	3
Australia .....	.....	.....	.....	.....	1	1
Africa.....	2	.....	2	2	.....	2
Bohemia.....	3	3	6	34	51	85
Belgium.....	.....	.....	.....	6	4	10
Bavaria.....	.....	.....	.....	5	3	8
Brazil.....	.....	.....	.....	.....	1	1
Burmah.....	.....	.....	.....	.....	1	1
Canada.....	7	4	11	55	50	105
China.....	3	.....	3	16	.....	16
Cuba.....	.....	.....	.....	.....	5	5
Denmark.....	4	.....	4	15	6	21
England.....	35	22	57	214	178	392
Egypt.....	.....	.....	.....	1	.....	1
France.....	15	8	23	99	53	152
Finland.....	1	2	3	12	5	17
Germany.....	145	140	285	1,046	866	1,912
Galicia.....	.....	.....	.....	.....	1	1
Greece.....	2	.....	2	5	.....	5
Hungary.....	13	7	20	69	78	147

Statistics of Exempted County System.

Holland	2	2	4	16	6	22
Ireland	166	322	488	1,092	1,884	2,976
Italy	32	25	57	189	92	281
Japan	.....	.....	.....	1	.....	1
Malta	.....	.....	.....	3	1	4
Mexico	.....	.....	.....	3	1	4
Macedonia	.....	.....	.....	.....	1	1
Nova Scotia	1	.....	1	6	.....	6
Newfoundland	.....	.....	.....	.....	1	1
Norway	3	2	5	19	6	25
Other British possessions	1	.....	1	12	.....	12
Prussia	.....	.....	.....	.....	3	3
Russia and Poland	45	47	92	277	277	554
Roumania	.....	2	2	.....	14	14
Spain	2	.....	2	7	1	8
Sweden	11	19	30	79	68	147
Scotland	11	9	20	66	52	118
South America	.....	.....	.....	3	.....	3
Saxony	.....	.....	.....	.....	2	2
Switzerland	8	6	14	39	37	76
Turkey	4	.....	4	13	1	14
United States	312	270	582	1,919	1,534	3,453
United States of Columbia	.....	.....	.....	.....	2	2
West Indies	1	.....	1	20	5	25
Wales	.....	3	3	.....	16	16
Unascertained	3	.....	3	30	18	48
Total	850	907	1,757	5,481	5,422	10,903

Of the total number admitted since the 1st of October, 1888, the parents of 78.58 per cent. were both of foreign birth.
 In 1.72 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.
 In 1.02 per cent. the parentage on the maternal side was foreign, while the paternal side was native.

Statistics of Exempted County System.

KINGS COUNTY LUNATIC ASYLUMS.

TABLE No. 1.

Showing movement of population in the Kings County Lunatic Asylums
for the year ending September 30, 1895.

	Men.	Women.	Total.
Remaining October 1, 1894.....	1,008	1,295	2,303
Admitted during year ending September 30, 1895.....	258	257	515
Total number under treatment during year.	1,266	1,552	2,818
Daily average population.....	1,037	1,302	2,339
Capacity of institution.....	919	1,134	2,053
Discharged during the year:			
As recovered.....	42	43	85
As not recovered.....	48	58	106
As not insane.....			
Died.....	108	112	220
Whole number discharged during the year.	198	213	411
Remaining October 1, 1895.....	1,068	1,339	2,407

Statistics of Exempted County System.

KING'S COUNTY LUNATIC ASYLUMS.

TABLE No 2.

General Statement.

Date of opening	{ The "Lodge".....	1838
	{ Middle House Asylum.	1844
	{ Kings Park.....	1885
Total acreage of grounds and buildings (Flatbush, 30 acres; cemetery, 8 acres; Kings Park, 950 acres)....		988 acres.
Value of real estate, including buildings.....		\$3,000,000
Value of personal property.....		137,372 69
Acreage under cultivation (Flatbush, 30 acres; Kings Park, 100).....		130 acres.
Capacity of institution October 1, 1895.....		2,053
Daily average number of patients.....		2,339
Maximum rate of wages paid attendants:		
Men.....		\$25 per mo.
Women.....		18 per mo.
Minimum rate of wages paid attendants:		
Men.....		18 per mo.
Women.....		12 per mo.
Proportion of day attendants to average daily population.		1 to 10
Proportion of night attendants to average daily population.....		1 to 42
Percentage of daily patient population engaged in some kind of useful occupation.....		54 per cent.
Estimated value of farm and garden products during year.....		\$12,420 89

TABLE No. 3.

Showing assigned causes of insanity in cases admitted to the Kings County Lunatic Asylums during the year ending September 30, 1895, and since October 1, 1893.

	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1893.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abortion.....	.....	.....	.....	.....	3	3
Cerebral hemorrhage.....	3	2	5	16	10	26
Congenital.....	.....	1	1	4	3	7
Climateric.....	.....	2	2	.....	11	11
Epilepsy.....	20	10	30	88	81	169
Heredity.....	4	11	15	17	31	48
Ill health.....	2	4	6	40	20	60
Injury.....	4	3	7	44	57	101
Intemperance.....	52	5	57	359	83	442
Insolation.....	8	.....	8	22	6	28
Lactation.....	.....	1	1	.....	13	13
La grippe.....	1	2	3	17	10	27
Masturbation.....	16	1	17	81	11	92
Operation (surgical).....	.....	1	1	.....	7	7
Overwork.....	1	1	2	38	9	47
Pregnancy.....	.....	1	1	.....	1	1
Puberty.....	.....	.....	.....	2	2	4
Puerperal.....	.....	7	7	.....	85	85
Religion.....	2	2	4	21	35	56
Senility.....	29	42	71	88	136	224
Shock.....	1	5	6	6	19	25
Syphilis.....	6	2	8	16	6	22

Statistics of Exempted County System.

Statistics of Exempted County System.

	1	1	2	2	1	3
Tumor of brain	14	24	129	129	123	252
Worry	94	129	847	847	1,058	1,905
Unknown						
Total	258	257	1,837	1,837	1,777	3,614

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died in the Kings County Lunatic Asylums during the year ending September 30, 1895, and since October 1, 1888.

Statistics of Exempted County System.						
FORM	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	88	46	12	617	261	84
Mania, sub-acute.....	.....	.....	1	25	6	3
Mania, recurrent.....	8	3	1	70	41	5
Mania, chronic.....	43	2	16	368	20	104
Melancholia, acute.....	111	27	19	640	213	120
Melancholia, sub-acute.....	.....	1	.....	104	33	13
Melancholia, chronic.....	7	1	18	219	38	90
Alternating (circular) insanity.....	.....	.....	.....	9	1	.....
General paralysis.....	35	.....	22	231	.....	158
Dementia, primary.....	41	2	26	317	56	140
Dementia, terminal.....	143	2	88	742	10	489
Epilepsy.....	30	1	13	197	13	84
Imbecility.....	7	.....	3	57	.....	26
Idiocy.....	2	.....	1	11	.....	5
Not insane*.....	.....	.....	.....	7	2	1
Totals.....	515	85	220	3,614	694	1,322

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 5.
Showing the number and percentage of recoveries and deaths in the Kings County Lunatic Asylums, based upon the average daily population since October 1, 1888.

YEARS.	Average daily population.	Recoveries	Percentage.	Deaths.	Percentage.
1889	1,727	102	5.90	134	7.75
1890	1,836	115	6.25	192	10.45
1891	1,948	109	5.59	191	9.80
1892	2,051	89	4.33	213	10.38
1893	2,116	126	5.95	182	8.60
1894	2,233	66	2.95	190	8.50
1895	2,339	85	3.63	220	9.40

TABLE No. 6.

Showing the causes of death of patients who died in the Kings County Lunatic Asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess .....	.....	.....	.....	1	2	3
Asphyxia	1	.....	1	7	2	9
Asthenia .....	.....	7	7	13	55	68
Asthenia and senectus	4	4	8	33	48	81
Bronchitis (chronic) .....	.....	.....	.....	1	.....	1
Carcinoma	4	3	7	8	12	20
Cerebral hemorrhage	7	9	16	45	50	95
Continued malarial fever .....	.....	.....	.....	.....	2	2
Cirrhosis	1	.....	1	1	2	3
Diarrhœa	6	6	12	25	37	62
Dysentery	2	5	7	6	9	15
Exhaustion, acute mental disease	1	4	5	26	11	37
Exhaustion, chronic mental disease .....	.....	1	1	53	53	106
Empysema .....	.....	.....	.....	6	6	12
Enteritis .....	.....	2	2	3	5	8
Epistaxis .....	.....	.....	.....	1	.....	1
Erysipelas .....	.....	.....	.....	2	1	3
Exhaustion from burns .....	.....	.....	.....	.....	1	1
Gangrene	2	2	4	4	8	12
Gastritis .....	.....	1	1	4	4	8
General paresis	16	2	18	109	21	130
Heart disease	13	17	30	53	62	115

Statistics of Exempted County System.

Statistics of Exempted County System.

	108	112	220	667	655	1,322
Intestinal obstruction .....	.....	.....	.....	.....	.....	.....
Meningitis .....	.....	1	1	4	2	6
Myelitis .....	.....	.....	.....	5	7	12
Nephritis .....	.....	.....	.....	.....	1	1
Œdema of glottis	7	4	11	24	27	51
Pericarditis .....	.....	.....	.....	.....	1	1
Peritonitis .....	.....	1	1	.....	5	5
Phthisis pulmonalis .....	.....	.....	.....	1	.....	1
Pleurisy	19	32	51	123	140	263
Pneumonia .....	.....	.....	.....	4	2	6
Purpura hemorrhagica	2	4	6	26	23	49
Septicæmia .....	.....	.....	.....	1	1	2
Status epilepticus	1	.....	1	2	6	8
Suicide by pistol	8	2	10	41	28	69
Syphilis .....	.....	.....	.....	1	.....	1
Tumor of brain	2	.....	2	4	.....	4
Typhoid fever .....	.....	.....	.....	.....	1	1
Uremia	1	.....	1	16	13	29
Variola .....	.....	.....	.....	2	.....	2
Pachy-meningitis	2	.....	2	1	2	3
General military tuberculosis	1	2	3	2	.....	2
Hernia, strangulated	2	.....	2	1	2	3
Ulcer of stomach	1	.....	1	1	.....	2
Cerebral softening	1	.....	1	1	.....	1
Pulmonary congestion	2	.....	2	2	.....	1
Bronchitis, capillary	1	.....	1	1	.....	1
Cystitis	1	2	3	1	2	3
Shock from operation .....	.....	1	1	.....	1	1
Total	108	112	220	667	655	1,322

Statistics of Exempted County System.

TABLE No. 7.
Showing the first and subsequent admissions of patients admitted in the Kings County Lunatic Asylums during the current year and since October 1, 1888.

NUMBER OF ADMISSIONS.	YEAR ENDING SEPTEMBER 30, 1885.				SINCE OCTOBER 1, 1888.			
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.
	Men.	Women.	Total.		Men.	Women.	Total.	
First.....	237	234	471	....	....	....	....	....
Second.....	17	19	36	9	9	18	1,631	1,577
Third.....	2	4	6	2	2	4	147	151
Fourth or more....	2	....	2	2	....	2	30	27
							29	22
Total cases....	258	257	515	13	11	24	1,837	1,777
Total persons..	255	256	511	10	10	20	1,822	1,766
							73	80
							58	69

TABLE No. 8.

Showing hereditary tendency to insanity in patients admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

Statistics of Exempted County System.

	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	8	16	24	69	74	143
Maternal branch.....	9	22	31	83	104	187
Paternal and maternal branches.....	5	3	8	18	25	43
Collateral branches.....	12	23	35	81	119	200
No hereditary tendency.....	127	111	238	638	473	1,111
Unascertained	97	82	179	948	982	1,930
Total.....	258	257	515	1,837	1,777	3,614

Statistics of Exempted County System.

TABLE No. 9.

Showing civil condition of patients admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	109	98	207	872	663	1,535
Married	117	100	217	773	757	1,530
Widowed	31	57	88	174	350	524
Divorced .....	....	1	1	....	1	1
Unascertained	1	1	2	18	6	24
Total	258	257	515	1,837	1,777	3,614

TABLE No. 10.

Showing degree of education of patients admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	5	3	8	44	5	49
Academic	5	11	16	34	37	71
Common school.....	105	86	191	647	459	1,106
Read and write .....	....	1	1	326	261	587
Read only.....	15	16	31	65	108	173
No education.....	17	25	42	114	178	292
Unascertained	111	115	226	607	729	1,336
Total	258	257	515	1,837	1,777	3,614

Statistics of Exempted County System.

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month	14	15	29
One to three months	5	10	15
Three to six months	3	5	8
Six to nine months	2	1	3
Nine months to one year	1	.....	1
One year to eighteen months . . . . .	.....	1	1
Eighteen months to two years . . . . .	.....	.....	.....
Two to three years . . . . .	.....	.....	.....
Three to four years . . . . .	.....	1	1
Four to five years . . . . .	.....	.....	.....
Five to ten years . . . . .	.....	.....	.....
Ten to twenty years	1	.....	1
Unascertained	16	10	26
Total	42	43	85

PERIOD UNDER TREATMENT.			
Under one month . . . . .	.....	.....	.....
One to three months	3	3	6
Three to six months	15	9	24
Six to nine months	6	10	16
Nine months to one year	6	7	13
One year to eighteen months	5	7	12
Eighteen months to two years	4	3	7
Two to three years . . . . .	.....	2	2
Three to four years	1	1	2
Four to five years	1	.....	1
Five to ten years	1	.....	1
Ten to twenty years . . . . .	.....	1	1
Total	42	43	85

Statistics of Exempted County System.

TABLE NO. 11 — (Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered from the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	90	122	212
One to three months.....	76	81	157
Three to six months.....	28	30	58
Six to nine months.....	13	12	25
Nine months to one year.....	6	7	13
One year to eighteen months.....	4	2	6
Eighteen months to two years.....	4	2	6
Two to three years.....	3	1	4
Three to four years.....	2	2	4
Four to five years.....	.....	.....	.....
Five to ten years ..	1	2	3
Ten to twenty years.....	2	.....	2
Not insane * .....	.....	2	2
Unascertained.....	114	88	202
Total	343	351	694

PERIOD UNDER TREATMENT.			
Under one month.....	38	12	50
One to three months	76	52	128
Three to six months	100	97	197
Six to nine months	57	75	132
Nine months to one year.....	25	53	78
One year to eighteen months	25	37	62
Eighteen months to two years.....	10	9	19
Two to three years.....	3	6	9
Three to four years	3	3	6
Four to five years	3	.....	3
Five to ten years	2	4	6
Ten to twenty years.....	.....	1	1
Thirty-five to forty years	1	.....	1
Not insane * .....	.....	2	2
Total	343	351	694

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

TABLE No. 12.

Showing the duration of insanity previous to admission and the period under treatment of patients discharged not recovered from the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	4	10	14
One to three months.....	9	17	26
Three to six months.....	4	10	14
Six to nine months.....	3	4	7
Nine months to one year.....	1	.....	1
One year to eighteen months.....	2	1	3
Eighteen months to two years.....	.....	.....	.....
Two to three years.....	2	1	3
Three to four years.....	.....	1	1
Four to five years.....	.....	.....	.....
Five to ten years.....	2	.....	2
Ten to twenty years.....	1	.....	1
Twenty to thirty years.....	1	.....	1
Over thirty years.....	.....	.....	.....
Unascertained	19	14	33
Total.....	48	58	106

PERIOD UNDER TREATMENT.			
Under one month.....	5	10	15
One to three months.....	9	9	18
Three to six months.....	14	12	26
Six to nine months.....	5	8	13
Nine months to one year.....	8	2	10
One year to eighteen months.....	1	8	9
Eighteen months to two years.....	1	3	4
Two to three years.....	2	2	4
Three to four years.....	.....	1	1
Four to five years	1	1	2
Five to ten years.....	1	2	3
Ten to twenty years.....	1	.....	1
Twenty to thirty years.....	.....	.....	.....
Total	48	58	106

Statistics of Exempted County System.

TABLE No. 12 — (Concluded).

Showing the duration of insanity previous to admission and the period under treatment of patients discharged not recovered from the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month.....	53	63	116
One to three months.....	54	67	121
Three to six months.....	47	46	93
Six to nine months.....	24	17	41
Nine months to one year.....	8	9	17
One year to eighteen months.....	14	17	31
Eighteen months to two years.....	8	14	22
Two to three years.....	10	17	27
Three to four years.....	11	18	29
Four to five years.....	7	5	12
Five to ten years.....	10	12	22
Ten to twenty years.....	4	7	11
Twenty to thirty years.....	4	5	9
Over thirty years.....	.....	.....	.....
Unascertained.....	183	134	317
Total.....	437	431	868

PERIOD UNDER TREATMENT.			
Under one month.....	90	60	150
One to three months.....	82	69	151
Three to six months.....	82	69	151
Six to nine months.....	53	65	118
Nine months to one year.....	36	35	71
One year to eighteen months.....	23	38	61
Eighteen months to two years.....	15	25	40
Two to three years.....	17	25	42
Three to four years.....	12	9	21
Four to five years.....	14	8	22
Five to ten years.....	7	26	33
Ten to twenty years.....	3	2	5
Twenty to thirty years.....	3	.....	3
Total.....	437	431	868

Statistics of Exempted County System.

TABLE No. 13.

Showing the duration of insanity previous to admission and the period under treatment of patients who died in the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1895.		
	Men.	Women.	Total.
Under one month.....	7	8	15
One to three months.....	13	11	24
Three to six months.....	10	14	24
Six to nine months.....	3	4	7
Nine months to one year.....	5	2	7
One year to eighteen months.....	4	2	6
Eighteen months to two years.....	2	1	3
Two to three years.....	4	4	8
Three to four years.....	.....	2	2
Four to six years.....	.....	.....	.....
Six to ten years.....	2	2	4
Ten to twenty years.....	1	1	2
Twenty years and over.....	2	1	3
Unascertained.....	55	60	115
Total.....	108	112	220

PERIOD UNDER TREATMENT.			
Under one month.....	18	11	29
One to three months.....	13	9	22
Three to six months.....	10	10	20
Six to nine months.....	9	6	15
Nine months to one year.....	7	3	10
One year to eighteen months.....	7	7	14
Eighteen months to two years.....	6	4	10
Two to three years.....	5	15	20
Three to four years.....	6	5	11
Four to six years.....	3	6	9
Six to ten years.....	11	9	20
Ten to twenty years.....	6	15	21
Twenty years and over.....	7	12	19
Total.....	108	112	220

Statistics of Exempted County System.

TABLE NO. 13 — (*Concluded*).

Showing the duration of insanity previous to admission and the period under treatment of patients who died in the Kings County Lunatic Asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	42	57	66
One to three months	63	52	115
Three to six months	52	40	92
Six to nine months	31	15	46
Nine months to one year	20	9	29
One year to eighteen months.....	26	13	39
Eighteen months to two years.....	20	11	31
Two to three years.....	23	19	42
Three to four years	13	15	28
Four to six years	9	15	24
Six to ten years.....	14	16	30
Ten to twenty years	14	18	32
Twenty years and over.....	5	3	8
Not insane*.....	.....	1	1
Unascertained.....	335	371	706
Total.....	667	655	1,322

PERIOD UNDER TREATMENT.			
Under one month.....	81	69	150
One to three months	82	50	132
Three to six months	91	65	156
Six to nine months	52	29	81
Nine months to one year	43	41	84
One year to eighteen months.....	43	47	90
Eighteen months to two years.....	33	27	60
Two to three years	55	48	103
Three to four years	34	39	73
Four to six years.....	35	46	81
Six to ten years	61	75	136
Ten to twenty years	40	79	119
Twenty years and over.....	17	40	57
Total.....	667	655	1,322

* Includes cases of alcoholism, opium habit, etc.

Statistics of Exempted County System.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years .....	.....	.....	.....	1	.....	1
From ten to fifteen years	1	1	2	16	6	22
From fifteen to twenty years	14	16	30	92	90	182
From twenty to twenty-five years	33	37	70	218	210	428
From twenty-five to thirty years	25	21	46	262	265	527
From thirty to thirty-five years	31	36	67	248	241	489
From thirty-five to forty years	32	28	60	258	204	462
From forty to fifty years	51	38	89	313	304	617
From fifty to sixty years	26	39	65	213	195	408
From sixty to seventy years	27	25	52	138	161	299
From seventy to eighty years	14	12	26	56	74	130
From eighty to ninety years	4	4	8	21	26	47
From ninety to one hundred years .....	.....	.....	.....	1	1	2
Total	258	257	515	1,837	1,777	3,614

TABLE No. 14.

Showing ages of those admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

Statistics of Exempted County System.

TABLE No. 15.
Showing ages of those discharged recovered at the Kings County Lunatic Asylums during the current year
and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years.....	3	6	9	29	31	60
From twenty to thirty years.....	15	16	31	108	152	260
From thirty to forty years.....	13	12	25	91	82	173
From forty to fifty years.....	5	7	12	61	48	109
From fifty to sixty years.....	4	1	5	33	18	51
From sixty to seventy years.....	2	1	3	9	13	22
From seventy to eighty years.....	.....	.....	.....	1	.....	1
Unknown.....	.....	.....	.....	11	5	16
Total.....	42	43	85	343	349	692

Statistics of Exempted County System.

TABLE No. 16.
Showing ages of patients who died in the Kings County Lunatic Asylums during the current year and since
October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	1	.....	1	2	2	4
From fifteen to twenty years	2	2	4	13	14	27
From twenty to twenty-five years	3	4	7	33	28	61
From twenty-five to thirty years	9	4	13	51	49	100
From thirty to thirty-five years	6	10	16	71	67	138
From thirty-five to forty years	13	6	19	94	63	157
From forty to fifty years	19	17	36	137	120	257
From fifty to sixty years	20	28	48	111	113	224
From sixty to seventy years	15	20	35	100	115	215
From seventy to eighty years	13	16	29	45	61	106
From eighty to ninety years	6	5	11	7	21	28
From ninety to one hundred years	1	.....	1	1	2	3
Unknown .....	.....	.....	.....	2	.....	2
Total	108	112	220	667	655	1,322

Statistics of Exempted County System.

TABLE No. 17.

Showing alleged duration of insanity previous to admission of patients admitted to the Kings County Lunatic Asylums during the year ending September 30, 1895.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	28	39	67
One to three months.....	35	42	77
Three to six months.....	31	29	60
Six to nine months.....	7	18	25
Nine months to one year	5	8	13
One year to eighteen months.....	14	15	29
Eighteen months to two years.....	6	4	10
Two to three years.....	11	14	25
Three to four years.....	5	10	15
Four to five years.....	1	3	4
Five to ten years.....	7	5	12
Ten to fifteen years.....	1	4	5
Fifteen to twenty years.....	4	3	7
Twenty to thirty years.....	2	2	4
Thirty years and upwards.....	.....	2	2
Unascertained	101	59	160
Total.....	258	257	515

Statistics of Exempted County System.

TABLE No. 18.

Showing period of residence in asylum of patients remaining under treatment in the Kings County Lunatic Asylums September 30, 1895.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	29	27	56
One to three months.....	24	44	68
Three to six months.....	51	51	102
Six to nine months.....	38	29	67
Nine months to one year.....	46	31	77
One year to eighteen months.....	85	87	172
Eighteen months to two years.....	33	42	75
Two to three years.....	105	89	194
Three to four years.....	83	90	173
Four to five years.....	78	99	177
Five to ten years.....	215	314	529
Ten to fifteen years.....	133	189	322
Fifteen to twenty years.....	68	96	164
Twenty to thirty years.....	66	116	182
Thirty years and upwards.....	14	35	49
Total.....	1,068	1,339	2,407

Statistics of Exempted County System.

TABLE No. 19.

Showing the occupation of those admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1885.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	3	.....	3	62	1	63
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc...	40	.....	40	274	.....	274
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc	4	.....	4	21	.....	21
Mechanics, at out-door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc	48	.....	48	281	.....	281
Mechanics, etc. at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	59	.....	59	435	.....	435
Domestic service:						
Waiters, cooks, servants, etc.....	29	87	116	58	416	474

Statistics of Exempted County System.

Educational and higher domestic duties: Governesses, teachers, students, housekeepers, nurses, etc.	.....	133	133	16	1,092	1,108
Commercial: Shopkeepers, saleswomen, stenographers, typewriters, etc .....	.....	5	5	.....	16	16
Employed in sedentary occupation: Tailoresses, seamstresses, bookbinders, factory workers, etc .....	.....	18	18	21	134	155
Prostitutes .....	.....	.....	.....	.....	29	29
Laborers	55	.....	55	510	.....	510
No occupation	17	13	30	90	89	179
Unascertained	3	1	4	40	29	69
Total	258	257	515	1,837	1,777	3,614

Statistics of Exempted County System.

TABLE No. 20.
Showing nativity of patients admitted to the Kings County Lunatic Asylums during the current year and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1895.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admissions	257	258	515	1,837	1,777	3,614
Total born in United States	126	107	233	838	662	1,500
Alsace .....	.....	.....	.....	1	.....	1
Arabia .....	.....	.....	.....	1	.....	1
Australia .....	.....	.....	.....	1	.....	1
Austria	1	.....	1	9	5	14
Azore Island .....	.....	.....	.....	.....	1	1
Bavaria	1	.....	1	3	.....	3
Bohemia	1	.....	1	2	1	3
Belgium .....	.....	.....	.....	1	.....	1
Born at sea .....	.....	.....	.....	1	.....	1
Canada	7	4	11	36	15	51
Canary Island .....	.....	.....	.....	1	.....	1
China	1	.....	1	7	.....	7
Corsica .....	.....	.....	.....	1	.....	1
Denmark	1	.....	1	6	6	12
England	9	10	19	76	75	151
Finland	2	1	3	3	1	4
France	1	1	2	13	15	28
Germany	32	41	73	275	273	548
Holland	2	.....	2	2	.....	2

Statistics of Exempted County System.

Hungary	3	.....	3	12	2	14
Iceland	.....	.....	.....	1	1	2
India	.....	.....	.....	.....	1	1
Ireland	42	79	121	379	578	957
Italy	6	1	7	25	19	44
Japan	1	.....	1	2	.....	2
Madeira	.....	.....	.....	.....	1	1
Mexico	.....	.....	.....	.....	.....	1
Norway	5	.....	5	1	.....	32
Panama	.....	.....	.....	24	8	1
Poland	3	.....	.....	1	.....	18
Prussia	.....	.....	3	11	7	1
Roumania	2	.....	.....	.....	1	3
Russia	.....	6	2	3	.....	43
Saxony	.....	.....	6	19	24	1
Scotland	2	.....	.....	1	.....	38
Spain	1	.....	2	19	19	7
Sweden	6	.....	1	6	1	77
Switzerland	2	3	9	34	43	11
Turkey (Asia)	.....	1	3	6	5	1
Unknown	.....	.....	.....	.....	1	12
Wales	.....	.....	.....	9	3	4
West Indies	1	3	4	2	2	12
				5	7	

Statistics of Exempted County System.

TABLE No. 21.

Showing the residence by counties and classification of patients admitted to the Kings County Lunatic Asylums during the year ending September 30, 1895.

COUNTIES.	Public.	Private.	Total.
Albany
Allegany
Broome
Cattaraugus
Cayuga
Chautauqua
Chemung
Chenango
Clinton
Columbia
Cortland
Delaware
Dutchess	1	.....	1
Erie
Essex
Franklin
Fulton
Genesee
Greene
Hamilton
Herkimer
Jefferson
Kings	504	.....	504
Lewis
Livingston
Madison
Monroe
Montgomery
New York	10	.....	10
Niagara
Oneida
Onondaga
Ontario
Orange
Orleans
Oswego
Otsego
Putnam
Queens
Rensselaer
Richmond
Rockland

Statistics of Exempted County System.

TABLE NO. 21 — (*Concluded*).

Showing the residence by counties and classification of patients admitted to the Kings County Lunatic Asylums during the year ending September 30, 1895.

COUNTIES.	Public.	Private.	Total.
St. Lawrence.....
Saratoga
Schenectady
Schoharie.....
Schuyler.....
Seneca
Steuben
Suffolk
Sullivan
Tioga
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne
Westchester
Wyoming.....
Yates
State patients
Soldiers' Home.....
Total	515	.....	515

Statistics of Exempted County System.

TABLE No. 22.

Showing the residence by counties and classification of patients remaining under treatment in the Kings County Lunatic Asylums September 30, 1895.

COUNTIES.	PUBLIC.		
	Men.	Women.	Total.
Albany
Allegany
Broome
Cattaraugus
Cayuga
Chautauqua
Chemung
Chenango
Clinton
Columbia
Cortland
Delaware
Dutchess
Erie
Essex
Franklin
Fulton
Genesee
Greene
Hamilton
Herkimer
Jefferson
Kings	1,066	1,339	2,405
Lewis
Livingston
Madison
Monroe
Montgomery
New York
Niagara
Oneida
Onondaga
Ontario
Orange
Orleans
Oswego
Otsego
Putnam
Queens
Rensselaer
Richmond

Statistics of Exempted County System.

TABLE No 22 — (*Concluded*).

Showing the residence by counties and classification of patients remaining under treatment in the Kings County Lunatic Asylums September 30, 1895.

COUNTIES.	PUBLIC.		
	Men.	Women.	Total.
Rockland
St. Lawrence
Saratoga
Schenectady
Schoharie
Schuyler
Seneca
Steuben
Suffolk
Sullivan
Tioga
Tompkins
Ulster
Warren
Washington
Wayne
Westchester
Wyoming
Yates
State patients	2	.....	2
Unascertained
Total	1,068	1,339	2,407

CHAPTER 35.

ASYLUM DIRECTORY.

STATE HOSPITAL SYSTEM.

ADMISSION OF PRIVATE PATIENTS TO STATE HOSPITALS.

Private patients can be admitted to State hospitals only upon consent of the medical superintendents. Rates for private patients range from six to ten dollars per week and a bond must be provided guaranteeing payment of accounts for maintenance.

UTICA STATE HOSPITAL—UTICA, ONEIDA COUNTY.

G. ALDER BLUMER, M. D., *Medical Superintendent.*

One mile from the New York Central, the Rome, Watertown and Ogdensburg, the Delaware, Lackawanna and Western, and the Ontario and Western railway stations, and two miles from the West Shore station. Accessible, every fifteen minutes, by New York Mills or Whitesboro electric cars. Stop at Cross or Jason streets.

Telephone No. 1545.

WILLARD STATE HOSPITAL—WILLARD, SENECA COUNTY.

WILLIAM MABON, M. D., *Medical Superintendent.*

Accessible, from the east, by New York Central and Hudson River railway (Auburn branch from Syracuse to Geneva); from the west, *via* New York Central and Hudson River railway; from Rochester (Auburn branch) to Geneva, or *via* Lehigh Valley railway; from the north, Lyons to Geneva, *via* Fall Brook railway; from Geneva, *via* steamers of the Seneca Lake Steam Navigation

Asylum Directory.

Company, or by Lehigh Valley railway; from the south, *via* Lehigh Valley railway, or by Seneca Lake Steam Navigation Company.

Local telephone.

HUDSON RIVER STATE HOSPITAL — POUGHKEEPSIE,
DUTCHESS COUNTY.

CHAS. W. PILGRIM, M. D., *Medical Superintendent.*

The hospital is located two miles north of the New York Central railway station at Poughkeepsie. Carriages may be procured at the station, and a public conveyance runs regularly to and from the hospital, connecting with the principal trains. The hospital may also be reached by the West Shore railway ferry from Highland station to Poughkeepsie, and by the Philadelphia, Reading and New England railway (Poughkeepsie Bridge route). Conveyances may be procured from Parker avenue station.

Telephone call 166.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — MID-
DLETOWN, ORANGE COUNTY.

SELDEN H. TALCOTT, M. D., *Medical Superintendent.*

Middletown is sixty-six miles from New York city, and may be reached by the following railways: New York, Lake Erie and Western; New York, Ontario and Western; and New York, Susquehanna and Western. The hospital is reached by several omnibus lines. Public carriages may also be had at the station.

Telephone No. 41.

BUFFALO STATE HOSPITAL — BUFFALO, ERIE COUNTY.

ARTHUR W. HURD, M. D., *Medical Superintendent.*

The hospital is located on Forest avenue, about three and one-half miles from the principal railway stations, accessible by Elm-

Asylum Directory.

wood avenue, and Baynes and Hoyt streets trolley lines, direct; also by Main street and Niagara street lines by obtaining transfer to the Forest avenue cars.

Telephone call "Bryant 262."

BINGHAMTON STATE HOSPITAL — BINGHAMTON, BROOME COUNTY.

CHARLES G. WAGNER, M. D., *Medical Superintendent.*

Located on the lines of the Erie, Delaware, Lackawanna and Western, and Delaware and Hudson railways. Electric cars leave corner of Court and Washington streets, near all railway stations, every fifteen minutes, between 6 a. m. and 10 p. m.

Telephone No. 453.

ST. LAWRENCE STATE HOSPITAL — OGDENSBURG, ST. LAWRENCE COUNTY.

P. M. WISE, M. D., *Medical Superintendent.*

Located three and one-half miles from centre of Ogdensburg on the Rome, Watertown and Ogdensburg, and Central Vermont railways. Accessible by trolley line every half hour. Public carriages may also be obtained at railway stations.

Telephone call "State Hospital."

ROCHESTER STATE HOSPITAL — ROCHESTER, MONROE COUNTY.

E. H. HOWARD, M. D., *Medical Superintendent.*

Two miles from railway stations. Accessible by electric cars of the South and Lake avenue line.

Telephone No. 602.

Asylum Directory.

LONG ISLAND STATE HOSPITAL — BROOKLYN, LONG ISLAND.

W. E. SYLVESTER, M. D., *General Superintendent.*

In the city of Brooklyn; accessible by street car from East Twenty-third street and Fulton ferries.

Telephone No. 68, Flatbush.

All official communications with regard to the Long Island State Hospital should be addressed to W. E. Sylvester, M. D., General Superintendent, Brooklyn, N. Y.

BRANCH OF LONG ISLAND STATE HOSPITAL — KINGS PARK, LONG ISLAND.

OLIVER M. DEWING, M. D., *Medical Superintendent.*

Forty-five miles from New York city. Accessible by trains on the Long Island railway. Surface and elevated road from Grand Central station, New York, to Thirty-fourth street ferry, connecting with Long Island City station of the Long Island railway. Also from Flatbush avenue station, *via* Jamaica, Long Island, railway.

No telephone. Telegraph, Kings Park, one mile distant.

MANHATTAN STATE HOSPITAL.

A. E. MACDONALD, M. D., *General Superintendent.*

All official communications with regard to the Manhattan State Hospital should be addressed to the general superintendent.

Post-office address, Station L, New York city.

Telephone No. 1696 — Eighteenth street.

City office, 1 Madison avenue, corner of Twenty-third street.

Asylum Directory.

WARD'S ISLAND DIVISION.

FEMALE DEPARTMENT,

E. C. DENT, M. D., *Medical Superintendent.*

MALE DEPARTMENT,

W. A. MACY, M. D., *Medical Superintendent.*

Accessible by steamer from foot of East Thirty-first street,
1 p. m.

Visiting days: Mondays, Tuesdays, Fridays, Saturdays.

Visiting hours: 1 to 3 p. m.

Post-office address, Station L, New York city.

Telephone No. 1696 — Eighteenth street.

BLACKWELL'S ISLAND DIVISION.

(Branch of Female Department, Ward's Island.)

Accessible by steamer from foot of East Thirty-first street,
1 p. m.

Visiting day: Thursday.

Visiting hours: 1 to 3 p. m.

Telephone No. 429 — Eighteenth street.

HART'S ISLAND DIVISION.

H. C. EVARTS, M. D., *First Assistant Physician (in charge).*

Post-office address, Station Z, New York city.

Accessible by steamer from foot of East Thirty-first street,
1 p. m.

Visiting day: Wednesday.

Visiting hours: 2 to 4 p. m.

FARM FOR THE INSANE — CENTRAL ISLIP, LONG ISLAND.

GEO. A. SMITH, M. D., *Medical Superintendent.*

Accessible by trains on the Long Island railway, Thirty-fourth street ferry to Long Island City station of Long Island railway.

No telephone. Telegraph Central Islip, L. I.

Asylum Directory.

MATTEAWAN STATE HOSPITAL — MATTEAWAN, DUTCHESS
COUNTY.

(For insane criminals only.)

P. O. and R. R. Station, Fishkill-on-the-Hudson.

H. E. ALLISON, M. D., *Medical Superintendent.*

Fifty-eight miles from New York city, on the New York Central and Hudson River railway. It is also accessible by the West Shore railway and the Erie, to Newburgh; thence by ferry to Fishkill-on-the-Hudson. The institution may be reached by an electric railway, which runs within one-half mile, from the Hudson River railway station; also public conveyance at the station.

Telephone call No. 36.

LICENSED PRIVATE ASYLUM SYSTEM.SOCIETY OF THE NEW YORK HOSPITAL — BLOOMINGDALE,
WHITE PLAINS, N. Y.S. B. LYON, M. D., *Medical Superintendent.*

Accessible by Harlem railway. Number of patients, 300. Minimum for those who pay remunerative rates, ten dollars per week. This institution receives and treats, gratuitously, a small number of indigent insane, and receives a considerable number of acute and hopeful cases, which pay only part of their expenses.

Telephone No. 204, White Plains.

PROVIDENCE RETREAT — BUFFALO, ERIE COUNTY.

(Under the charge of the Sisters of Charity.)

FLOYD S. GREGO, M. D., *Consulting Physician.*HARRY A. WOOD, M. D., *Physician in Charge.*

Located on Main street, corner of Kensington avenue. Distance from Union railway station, four miles. Accessible by

Asylum Directory.

electric street car line. Number of patients limited to 125. Minimum rate for care and treatment of private patients, six dollars per week.

Telephone "Bryant 385 M."

MARSHALL INFIRMARY — TROY, RENSSELAER COUNTY.

J. D. LOMAX, M. D., *Physician in Charge.*

One mile from the Union railway station. Accessible by electric street car, from Congress street. Number of patients limited to sixty. Minimum rate for care and treatment of private patients, six dollars per week.

Telephone call, "Marshall Infirmary," 937.

LONG ISLAND HOME — AMITYVILLE, LONG ISLAND.

O. J. WILSEY, M. D., *Physician in Charge.*

Thirty-two miles from New York. Accessible by Montaux division of Long Island railway; ferry from East Thirty-fourth street, New York, also from Brooklyn. Only five minutes from railway station. Number of patients limited to 114. Minimum rate, ten dollars per week.

No telephone.

BRIGHAM HALL HOSPITAL — CANANDAIGUA, ONTARIO COUNTY.

D. R. BURRELL, M. D., *Physician in Charge.*

Situated on Bristol street, one mile from the New York Central and Northern Central railway station. Accessible by public carriages, always to be found at the station. Number of patients limited to seventy-eight. Minimum rate, ten dollars per week.

Telephone No. 35, or "Brigham Hall."

Asylum Directory.

ST. VINCENT'S RETREAT — HARRISON, WESTCHESTER COUNTY.

(Under the charge of the Sisters of Charity.)

H. ERNEST SCHMID, M. D., *Attending Physician* (White Plains).SWEPSON J. BROOKS, M. D., *Physician in Charge*.

For women only. Fifty minutes from New York on the New York and New Haven railway. Trains leave the Grand Central station, New York city, for Harrison, every hour, from 9 a. m. to 7 p. m. Number of patients limited to sixty. Applications for admission should be made to the Sister in charge.

Telephone No. 128, Port Chester.

WALDEMERE — MAMARONECK, WESTCHESTER COUNTY.E. N. CARPENTER, M. D., *Physician in Charge*.

Forty minutes from New York on the New York, New Haven and Hartford railway. Trains leave Grand Central station, New York, every hour, for Mamaroneck. Waldemere is one mile from station, where public carriages may be found. Number of patients limited to eighteen. Minimum rate, twenty-five dollars per week.

No telephone connection.

SANFORD HALL — FLUSHING, LONG ISLAND.WILLETT S. BROWN, M. D., *Physician in Charge*.EDWIN B. THOMSON, M. D., *Assistant Physician*.

Institution situated about one-half mile from Long Island railway station, and accessible by public carriage. Going from Brooklyn, take Greenpoint or Crosstown street car to Long Island

Asylum Directory.

City, thence on Long Island railway. Number of patients limited to thirty-six. Minimum rate, twenty-five dollars per week.

Telephone, Flushing, 17A.

BREEZEHURST TERRACE — WHITESTONE, LONG ISLAND.

D. A. HARRISON, M. D., *Physician in Charge*.

D. R. LEWIS, M. D., *Assistant*.

Accessible from New York city, from East Thirty-fourth street ferry, *via* Long Island railroad. Trains run every half hour, to Whitestone; time, twenty-five minutes. May also be reached by driving, *via* Ninety-ninth street ferry to College Point, from which place it is about ten minutes' drive. Going from Brooklyn, take Greenpoint car or Crosstown car to Long Island City. In taking patients from Brooklyn, it is better to drive, as it only takes a little more than one hour, *via* Grand street to Newtown, thence through Flushing to Whitestone. Minimum rate, twenty dollars per week. Number limited to twenty-three. (Voluntary patients received.)

No telephone connection.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES — 945

ST. MARK'S AVENUE, BROOKLYN.

Between Kingston and Albany avenues.

T. L. WELLS, M. D., *Physician in Charge*.

The Sanitarium may be reached by the Bergen street car line, the Atlantic avenue railway or elevated railway from Brooklyn bridge. Stop at Albany avenue station of elevated road. Number limited to sixteen women patients. Minimum rate, ten dollars per week.

Telephone No. 69, Bedford.

Asylum Directory.

GREENMONT-ON-THE-HUDSON — P. O., SING SING, WEST-
CHESTER COUNTY.RALPH LYMAN PARSONS, M. D., *Physician in Charge.*RALPH WAIT PARSONS, M. D., *Associate Physician.*

Location, one mile from New York Central station at Sing Sing. Public carriages may be hired at the station. Number limited to twelve. Minimum rate, seventy-five dollars per week, which includes all extras.

No telephone connection.

DR. CHOATES' HOME — PLEASANTVILLE, WESTCHESTER
COUNTY.G. C. S. CHOATE, M. D., *Physician in Charge.*

One mile from Pleasantville station on Harlem railway, and two miles from Whitsons station of New York and Northern railway. New York Central trains stop at Tarrytown, six miles distant. Pleasantville is thirty miles north of New York city. Number limited to ten. Minimum rate, seventy-five dollars per week, including all extras.

No telephone connection.

DR. COMBES' SANITARIUM — WOOD HAVEN, LONG ISLAND.

H. ELLIOTT, M. D., *Physician in Charge.*P. THOS. MARKEY, M. D., *Assistant Physician.*

Best reached by Brooklyn elevated trains, from Brooklyn bridge, or East Twenty-third street ferry to Ridgewood, thence by Richmond Hill surface car to Flushing avenue, Wood Haven. Sanitarium two minutes' walk to the right. Also easily accessible from Brooklyn by carriage, *via* Myrtle avenue, to Flushing avenue, Wood Haven. One mile from Wood Haven Junction station, on the Long Island railway. Number of patients limited to thirty-four. Minimum rate, ten dollars per week.

Telephone No. 7, I. East New York.

Asylum Directory.

GLENMARY — OWEGO, TIOGA COUNTY.

(Homeopathic.)

J. T. GREENLEAF, M. D., *Physician in Charge.*E. E. SNYDER, M. D., *Consulting Physician.*

Three-fourths of a mile from railway stations, where public carriages may be obtained. Accessible by New York, Lake Erie and Western, and by Delaware, Lackawana and Western railways, and Auburn division, Lehigh Valley railway. Number of patients limited to fifty. Minimum rate, ten dollars per week.

Telephone call, "Glenmary."

FALKIRK — CENTRAL VALLEY, ORANGE COUNTY.

JAMES F. FERGUSON, M. D., *Physician in Charge.*H. E. WISE, M. D., *Assistant Physician.*

One mile from the Central Valley station, on Newburgh branch of New York, Lake Erie and Western railway, forty-seven miles from New York city. Telephone extends from Central Valley depot. Communication should be had with station agent by Western Union Telegraph and message will be repeated. Number of patients limited to thirty-four. Minimum rate, twenty dollars per week.

Telephone, "Falkirk."

VERNON HOUSE — BRONXVILLE, WESTCHESTER COUNTY.

WILLIAM D. GRANGER, M. D., *Physician in Charge.*

Post-office and telegraph, Bronxville. Accessible by New Haven railway, to Mt. Vernon, or by Harlem railroad, to Bronxville. Public carriages may be obtained at railway station. Number of patients limited to sixteen. Minimum rate, thirty-five dollars per week.

No telephone connection.

Asylum Directory.

THE PINES — AUBURN, CAYUGA COUNTY.

FREDERICK SEFTON, M. D., *Physician in Charge.*

Accessible by the Auburn branch of the New York Central and Hudson River railway, and the Southern Central division of the Lehigh Valley railway. A little over three hours by rail from Rochester, four from Albany and Buffalo, seven from New York city. Number of patients limited to twelve. Minimum rate, twenty dollars per week.

Telephone No. 261.

INTERPINES — GOSHEN, ORANGE COUNTY.FREDERICK WHITTLESEY SEWARD, M. D., *Physician in Charge.*R. L. MCGEOCH, M. D., *Assistant Physician.*J. PERRY SEWARD, M. D., *Associate Physician.*

Sixty miles from New York city, on line of Erie railway. Number of patients limited to sixteen. Minimum rate, twenty dollars per week.

Long distance telephone call, Goshen — 15-2.

VOLUME II.

CHAPTER 36.

Fifth Annual Report of the Managers of the Rochester State Hospital to the State Commission in Lunacy, for the Year Ending September 30, 1895.

BOARD OF MANAGERS.

FREDERIC COOK.....	Rochester, N. Y.
JAMES VICK	Rochester, N. Y.
WILLIAM MILLER.....	Rochester, N. Y.
GEORGE RAINES	Rochester, N. Y.
LEONARD BURRITT	Spencerport, N. Y.
CHAUNCEY G. STARKWEATHER.....	Ridgeland, N. Y.
JANE E. ROCHESTER	Rochester, N. Y.
PERLEYETTE H. GRAHAM.....	Rochester, N. Y.
THOMAS A. O'HARE, M. D.....	Rochester, N. Y.

OFFICERS OF THE BOARD.

FREDERIC COOK	President.
E. H. HOWARD, M. D.	Secretary.
F. P. ALLEN	Treasurer.

RESIDENT OFFICERS.

EUGENE H. HOWARD, M. D.	Medical Superintendent.
EZRA B. POTTER, M. D.....	First Assistant Physician.
ROBERT M. ELLIOTT, M. D.....	Second Assistant Physician.
EVALINE P. BALLINTINE, M. D	Woman Physician.
CHARLES T. LAMOURE, M. D.	Medical Interne.
WILLIS S. REMINGTON.....	Steward.
MARY E. MAY	Matron.

REPORT OF MANAGERS.

To the State Commission in Lunacy:

The managers of the Rochester State Hospital respectfully submit their fifth annual report, together with the reports of the treasurer and the medical superintendent, for the fiscal year ending September 30, 1895:

The superintendent's report shows that 196 patients have been admitted during the year, and that the daily average population has been 459. The number discharged during the year was 152, which includes 30 recoveries and 55 deaths.

The annual report of the treasurer shows the receipts and expenditures for the year. All items of expenditures in detail are to be found on vouchers in the office of the State Comptroller, and spread upon the books of the hospital. All purchases and contracts have been in conformity with the provisions of the statute which requires that the monthly estimate system, under the supervision of the State Commission in Lunacy, be the basis of all purchases.

During the year the system of visits and inspection of the several departments of the hospital has been maintained by the managers, who have directed many changes and improvements in the buildings.

The reconstruction of the rear center destroyed by fire has been very satisfactorily completed, giving to the hospital a new and improved electric-light plant; a bakery, perfect in all its appointments; an excellent kitchen; associate dining-rooms; and an amusement hall, convenient of access to both male and female departments; also the building of a detached laundry, equipped with modern machinery and fitted with every appliance for protection against fire and supplied with an all-metal dryer.

The completion of a new stable at a considerable distance from the hospital buildings and the removal of the old barn from the eastern lawn have been accomplished.

Rochester State Hospital—Annual Report.

Connections have been made with the city sewage system by means of a tunnel sewer, and the unsatisfactory plan of sewage filtration and irrigation has been abandoned. While this change has been found to be of great advantage to the hospital, yet it requires an unlimited supply of water for its successful operation. The present water supply is of excellent quality, but the quantity is limited by the fact that it must be paid for by the gallon and costs the hospital \$1,700 annually for its supply, which is constantly stinted. At the east of the land now rented by the hospital is a small field in which are located three wells that have been used recently, as a supplemental water supply for the city of Rochester. The completion of the new conduit from Hemlock lake has furnished an abundant supply, so that these wells are no longer needed by the city, and the plant is for sale at a reasonable price. The present method of renting eighty acres for garden and grounds should not be continued, as it is impracticable to underdrain and improve rented property. The beautiful grove of forest trees situated on this rented property should be preserved for the use of the hospital as a place of resort for patients during pleasant weather. The water from these wells could be pumped to a tank above the lavatory buildings and furnish, at a moderate cost, an unlimited supply, including what is needed during the dry season, for the garden and lawns which now suffer from drought. The steward's report shows that, even with rented land, the net profit to the hospital during the past year from the farm and garden has been \$1,468.59. This amount would be materially increased if the land was owned by the hospital.

In consequence of these advantages, your attention is again called to the necessity of acquiring the land for gardening and grounds. The importance of out-door occupation and recreation for the patients makes it the duty of the managers to ask for an allotment by the State Commission in Lunacy of sufficient money to purchase the above-mentioned land. This will only make an area of 150 acres for grounds and garden purposes for 500 patients. At present, this is available at a reasonable price, and

Rochester State Hospital—Annual Report.

the advantages of a natural grove together with an abundant source of water supply can be secured.

We desire to call your special attention to the work of remodeling the remainder of the old buildings, which constitute the female department of the hospital, the mansard story of which is a veritable fire-trap of cheap construction. It is practically beyond repair, and we earnestly urge it to be replaced by a new roof. In the opinion of the managers, an excellent method of providing accommodations for the people now occupying this mansard story would be the erection of a nurses' home for the female department, either in connection with the nurses' home which is now being planned for the male department, or in a separate building, as may seem to be for the best interests of the hospital; and at the same time to erect an infirmary building for the care of the more feeble class of patients with a special department for the isolation of cases of contagious diseases.

We concur in the opinion of the superintendent that it would improve the reputation of the hospital, if the Monroe County Almshouse were removed to a new location at so considerable a distance that the public mind could make no mistake in associating the two institutions. We have looked into this matter quite carefully, and are satisfied that the county of Monroe, through its board of supervisors, would be willing to enter into negotiations with the State Commission in Lunacy for the transfer of this property to the State hospital. Chapter 5, Laws of 1891, should be so amended as to authorize the board of supervisors of Monroe county to change the location of the Monroe County Almshouse, and it is hoped that the legislative representatives from this district may be able to secure such amendment.

South avenue, in front of the hospital grounds, has been lowered about four feet by the city authority in opposition to the request of the hospital managers. This will necessitate the regrading of the entire front lawns. While this work will be largely done by the employees and patients at the hospital, yet an allotment will be necessary to provide for material and the services of a landscape engineer. As soon as the lawns east of Elmwood avenue

Rochester State Hospital—Annual Report.

are graded, it will be necessary to build new carpenter and paint shops, as the unsightly and inflammable buildings used for these industries will be necessarily removed from the lawn.

Appreciating the interest which the Lunacy Commission has already taken in the welfare of the hospital, we submit these recommendations, in the hope that they will meet your approval.

Respectfully submitted,

(Signed)

FREDERIC COOK, *President.*

JANE E. ROCHESTER,

GEORGE RAINES,

THOMAS A. O'HARE,

PERLEYETTE H. GRAHAM,

LEONARD BURRITT,

WILLIAM MILLER,

CHAUNCEY G. STARKWEATHER,

JAMES VICK.

REPORT OF THE TREASURER.

To the Board of Managers:

The treasurer respectfully submits the following summary of the receipts and expenditures of the Rochester State Hospital for the year ending September 30, 1895:

RECEIPTS — SPECIAL FUNDS.

Balance from old account.....	\$187 21
From the State Treasurer, on account of appropriation, furnishings for administrative building (chapter 726, Laws of 1893).....	284 20
From the State Treasurer, on account of appropriation, greenhouse (chapter 726, Laws of 1893).....	644 80
From the State Treasurer, on account of appropriation, replacing burned departments (chapter 358, Laws of 1894).....	55,173 25.

Rochester State Hospital—Annual Report.

From the State Treasurer, on account of appropriation, farm buildings, stock and improvements (chapter 726, Laws of 1893).....	\$ 11,677 01
From the State Treasurer, on account of appropriation, supplies necessitated by fire (chapter 42, Laws of 1894).....	102 70
From the State Treasurer, on account of appropriation, power for electric light (chapter 726, Laws of 1893).....	171 32
From the State Treasurer, on account of appropriation, furniture for wards 3, 5 and 8 (chapter 726, Laws of 1893).....	1,673 45
From the State Treasurer, on account of appropriation, construction of a sewer (chapter 726, Laws of 1893).....	400 00
From the State Treasurer, on account of appropriation, laundry machinery (chapter 726, Laws of 1893).....	6 10
From the State Treasurer, on account of appropriation, renovation of wards 3, 5 and 8 (chapter 726, Laws of 1893).....	7,785 00
From the State Treasurer, on account of appropriation, extraordinary improvements (chapter 693, Laws of 1893).....	4,182 15
Total from special funds.....	<u>\$90,287 19</u>

RECEIPTS — MAINTENANCE FUND.

Balance from old account.....	\$908 79
From the State Treasurer, for maintenance (chapter 214, Laws of 1893).....	100,226 44
From reimbursing patients	4,111 19
From private patients.....	1,309 54

Rochester State Hospital—Annual Report.

From the steward, for farm produce, old material, etc., sold by him.....	\$ 1,877 51
From German-American Bank, for interest on funds.	292 20
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	\$108,725 67
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EXPENDITURES — SPECIAL FUNDS.

For furnishings for administrative building.....	\$367 40
For greenhouse.	644 80
For replacing burned departments.....	59,624 65
For farm buildings, stock and improvements.....	7,225 61
For supplies necessitated by fire.....	206 71
For power for electric light.....	171 32
For furniture for wards 3, 5 and 8.....	1,673 45
For construction of a sewer.....	8,400 00
For laundry machinery.	36 10
For renovation of wards 3, 5 and 8.....	7,785 00
For extraordinary improvements.....	1,332 55
	<hr/>
	\$87,437 59
Balance to new account.....	2,849 60
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	\$90,287 19
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EXPENDITURES — MAINTENANCE FUND.

For salaries.	\$11,299 80
For wages.	33,179 35
For provisions and stores.....	31,658 32
For ordinary repairs.....	1,596 91
For farm and grounds.....	5,937 89
For clothing.	4,572 90
For furniture and bedding.....	1,628 81
For books and stationery	834 72
For fuel and light.....	8,331 26

Rochester State Hospital — Annual Report.

For medical supplies.....	\$770 43
For miscellaneous expenses.....	7,667 15
For transportation of patients.....	141 23
	<hr/>
	\$107,618 77
Balance on hand to new account.....	1,106 90
	<hr/>
	\$108,725 67
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Respectfully submitted, .

FREDERIC P. ALLEN,
Treasurer.

REPORT OF THE SUPERINTENDENT.

To the Board of Managers:

The superintendent of the Rochester State Hospital, in compliance with the provisions of chapter 335 of the Laws of 1891, makes the following report of its operations for the year ending September 30, 1895, together with recommendations which appear to him to be for the welfare of the institution:

At the beginning of the fiscal year there were 435 patients in the hospital — 213 men and 222 women. During the year 196 patients were admitted. The average daily population of the hospital was 459. There have been 55 deaths. Of the 152 patients discharged, 30 had recovered. At the close of the fiscal year there remained in the hospital 479 patients — 236 men and 243 women.

The reconstruction of the rear center, which was destroyed by fire in February, 1894, has been completed; the hospital being thereby provided with new kitchens, bakery, laundry, dining-rooms, amusement hall and electric light plant.

The insufficient water supply has been remedied by an extension of an eight-inch main, with hydrants, about the institution.

Rochester State Hospital—Annual Report.

As the situation of the buildings is nearly on the same level as the distributing reservoir, it will be necessary to place a large force pump to supply the needed pressure, in case of fire. This pump will be also needed in maintaining a proper domestic water service.

But little progress has been made during the last year in remodeling the old buildings, on account of the necessary interruptions by other building operations necessitated by the fire; this work can now be renewed.

An allotment of \$20,000 has been made by the State Commission in Lunacy for a nurses' home, which can be erected as soon as the architect is able to complete the plans and specifications. I understand that the remodeling of the south wing of the female department can also be done as soon as the necessary plans and specifications are perfected.

When the proceedings now instituted to acquire for the use of the hospital fifteen acres of adjoining land shall have been successfully consummated, there will be only fifty acres for 450 patients; this amount is manifestly insufficient for suitable grounds and garden. I would earnestly urge that arrangements be perfected as soon as possible to acquire additional land, so that outdoor exercise can be enjoyed by our patients, after the manner which has proven so satisfactory at other hospitals for the insane.

Owing to the location of the Monroe County Almshouse, practically upon the same grounds with the State Hospital for the Insane, it is found almost impossible to separate the two institutions in the public mind. It was the intention of the statute providing State care for the insane to completely separate all insane persons in New York State from contiguity with the class of people who are provided for in almshouses. If the Monroe County Almshouse could be removed to a desirable location in the country, this object would be accomplished in name, as well as in fact, in this locality, as has been done in all other sections of the State.

Rochester State Hospital—Annual Report.

The success within the last year of the several industrial departments connected with this hospital is evidenced by the fact that over 72 per cent. of all the patients have been daily engaged in some useful occupation. These industrial classes are in charge of graduates of our training school for nurses, which has done usually good work.

In addition to the care of the insane, the nurses have had clinical instruction and practical experience during the year, in the care of cases of general medical disease, as follows: Albuminuria, intermittent, 13; alcoholism, acute, 5; amenorrhoea, 1; anemia, 3; aneurism, digital, 1; aphasia, sensory, 3; angina pectoris, 1; apoplexy, 3; asthma, 3; bronchitis, acute, 1; bronchitis, chronic, 3; cancer of the breast, 1; cellulitis, 1; chorea, 2; cholera morbus, 2; colic, intestinal, 1; contusions, 25; dysmenorrhoea, 12; enlarged liver, 1; enteritis, catarrhal, 16; epistaxis, 7; erythema, 1; gastric irritation, 7; fatty degeneration of the heart, 2; valvular insufficiency of the heart, 6; hysteria, 3; influenza, 38; meningitis, 2; neuralgia, 4; oedema, pulmonary, 1; parotitis, 1; pharyngitis, 4; phthisis, 6; pleurisy, with effusion, 1; pneumonia, 3; Paris green poisoning, 1; peritonitis, 1; pulmonary congestion, 1; purpura, 1; rheumatism, acute, 3; syncope, 4; sciatica, 2; tonsillitis, 27; vesical irritation, 4; vertigo, 3.

The nurses have also had clinical instruction and practical experience in the care of cases of general surgical diseases, as follows: Abscesses, 12; adenitis, 2; arthritis, 1; bed sores, 4; burns, 4; bursitis, 3; concussion, cerebral, 1; conjunctivitis, 3; cystitis, 3; dislocations, 3; eczema, 4; endometritis, 12; enlarged prostate gland, 1; epistaxis, 2; erysipelas, 6; fistula, 1; fractures, 9; furuncle, 2; fibroid tumors, 1; gangrene, 1; gonorrhoea, 2; hemoptysis, 4; hematoma auris, 4; hemorrhoids, 1; hemorrhage, 2; herniae, 7; herpes labialis, 2; ingrowing toe nail, 1; leucorrhoea, 2; menorrhagia, 2; otitis, 5; onychia, 2; prolapse, rectal, 1; psoriasis, 1; procedentia uterine, 1; retention of urine, 1; sacro-iliac disease, 1; sprains, 3; salpingitis, 1; stricture, urethral, 1; synovitis, 3; subinvolution of uterus, 2; syphilis, 5; tinea versicoloe, 2; ulcers, 16; urethritis, 1; wounds, 28.

Rochester State Hospital—Annual Report.

Owing to the lack of special apartments, we have found it practically impossible to isolate properly the cases of contagious diseases. The full capacity of the institution having now been reached, I would recommend that an infirmary be erected, to provide for the special care needed by the more feeble class of patients. The great benefits to be derived from a special infirmary building for this class of patients have been abundantly demonstrated by the experience of the larger hospitals.

Respectfully submitted,

EUGENE H. HOWARD,

Medical Superintendent.

REPORT OF THE STEWARD.

The steward makes the following report of the productions of the farm and garden:

Ninety-one thousand four hundred fifteen quarts of milk, at 4 cents.....	\$3,656 60
Seven hundred bushels of early potatoes, at 50 cents,	350 00
One hundred fifty bushels of late potatoes, at 30 cents	45 00
Eighty bushels beet greens, at 20 cents.....	16 00
Three thousand three hundred seventy-nine bunches early onions, at 1 cent.....	33 79
Two hundred five bushels late onions, at 50 cents...	102 50
Two hundred thirty-eight dozen summer squash, at 20 cents	47 60
Six tons Hubbard squash, at \$30.....	180 00
One hundred eighty-four bushels green peas, at 90 cents	165 60
One hundred nineteen bushels string beans, at 90 cents	107 10
Eight hundred head early cabbage, at 5 cents.....	40 00

Rochester State Hospital—Annual Report.

Eight thousand head late cabbage, at 2 cents.....	\$160 00
Five hundred five dozen cucumbers, at 8 cents.....	40 40
One thousand two hundred fifty-eight dozen green corn, at 10 cents.....	125 80
Eight thousand nine hundred ninety-five bunches let- tuce, at 2 cents.....	179 90
Six thousand thirty bunches radish, at 2 cents.....	120 60
One hundred ninety-eight bushels tomatoes at 50 cents.....	99 00
Three hundred fifty bushels of rutabagas, at 25 cents,	87 50
Two hundred bushels parsnips, at 50 cents.....	100 00
Forty bushels salsify, at 50 cents.....	20 00
Four hundred bushels carrots, at 25 cents.....	100 00
Six thousand head celery, at 4 cents.....	240 00
One hundred forty-two bushels early beets, at 50 cents.....	71 00
Three hundred bushels late beets, at 25 cents.....	75 00
Three hundred thirty-six bushels early turnips, at 50 cents.....	168 00
One hundred fifty bushels late turnips, at 25 cents..	37 50
One thousand bushels cow beets, at 10 cents.....	100 00
Ten bushels apples, at 50 cents.....	5 00
Two hundred seventy bushels oats, at 28 cents.....	75 60
Three hundred thirty bushels rye, at 50 cents.....	165 00
Six tons oat straw, at \$6.....	36 00
Fifteen tons rye straw, at \$7 dollars.....	105 00
Twelve tons hay, at \$12.....	144 00
One hundred fifty tons ensilage, at \$1.50.....	225 00
Twenty-one thousand eight hundred eight pounds of pork (live).....	1,030 61
Two thousand one hundred pounds of pork (dressed) at \$6.....	126 00
Nine thousand seven hundred fifteen pounds beef (dressed).....	597 38
Total.....	<u>\$8,978 48</u>

Rochester State Hospital—Annual Report.

Amount charged farm and grounds as per Treasurer's report	\$5,937 89
Amount of farm wages	1,572 00
Net profit	1,468 59
	<hr/>
	\$8,978 48
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Value of live stock on hand, September 30, 1895:

Thirteen horses, at \$100	\$1,300 00
Thirty milch cows, at \$40	1,200 00
Thirty-five fat hogs, at \$15	525 00
Thirty-six shoats, at \$11	396 00
Twelve breeding sows, at \$12	144 00
Forty-two young pigs, at \$2	84 00
One male hog, at \$15	15 00
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Total	\$3,664 00
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Respectfully submitted,

W. S. REMINGTON,

Steward.

REPORT OF THE MATRON.

The matron reports the following list of articles made and repaired in the women's department:

Aprons, women's	2,393
Aprons, men's	391
Aprons with waist	8
Bandages, yards of material	870
Burial robes	43
Bureau covers	123

Rochester State Hospital—Annual Report.

Bread cloths.....	50
Bath suits.....	3
Carpets.....	11
Chemises.....	224
Combination suits.....	45
Clothes bags.....	55
Curtains.....	112
Curtain bands.....	151
Curtains for screens.....	3
Caps, for attendants' uniforms.....	325
Caps, for day.....	95
Caps, for night.....	11
Coffee cloths.....	113
Covers for laundry machinery.....	3
Covers for beds, mosquito netting.....	16
Dresses.....	744
Dresses, strong.....	8
Dressing jackets.....	4
Dress waists.....	14
Drawers, pairs of.....	171
Holders, ironing.....	300
Holders, brush.....	117
Hats, trimmed.....	142
Half sleeves, pairs of.....	43
Laundry bags.....	86
Napkins for wards.....	269
Nightdresses.....	76
Nightshirts.....	88
Pillow cases.....	1,980
Pillow ticks.....	157
Protection sheets.....	16
Shirts.....	312
Skirts.....	786
Sheets.....	1,181
Sheets, tie-down.....	4

Rochester State Hospital—Annual Report.

Scarf ties	2,172
Spreads, hemmed	62
Strong stockings, pairs of	9
Shoes, canvas, pairs of	44
Table cloths	479
Table napkins	1,771
Towels, hand	4,770
Towels, bath	1,211
Towels, roller	75
Towels, dish	1,208
Tea cloths	135
Underwaists	162
Miscellaneous articles	14

Total	23,655
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Articles mended	171,224
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Respectfully submitted,

MARY E. MAY,
Matron.

REPORT OF THE SUPERVISOR.

The supervisor reports the following list of articles made and repaired in the male department:

Bakers' peals	6
Bedsteads	40
Book cases	2
Bread boards	9
Brush handles	40
Coal bins	2
Coat hangers	24
Coats	345

Rochester State Hospital—Annual Report.

Combination suits	3
Chisel handles	28
Clothes closets	1
Clothes cupboards	3
Curtains	112
Dove coop	1
Door panels	50
Doors	2
Dish racks	1
Fire-pail stands	18
Flower stands	38
Flower boxes	2
Granary	1
Green house built	1
Glass set, panes of	2,156
Horse blankets	2
Harness racks	2
Knife boxes	24
Kitchen paddles	24
Lime box	1
Laundry boxes	300
Laundry tubs	18
Milk stools	13
Mason's darby	1
Meat boards	4
Mattress ticks	84
Mattresses	84
Pillows	100
Potato crates	200
Picture moldings, feet of	1,000
Platforms	6
Plant boxes	182
Picture frames	2
Pants	295
Surveyors' stakes	500

Rochester State Hospital — Annual Report.

Shoemaker's bench	1
Shoe boxes	13
Saw horses	6
Shipping boxes	6
Screen doors	2
Stone boat	1
Sidewalks, feet of	300
Tables	12
Tent stakes	100
Tool chests	2
Vests	90
Wheelbarrow	1
Window shades	218
Work benches	2
Whiffletrees	6
Window screens	65
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Total	6,552
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Articles repaired	8,262
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Respectfully submitted,

DAVID BALLAGH,

Supervisor.

CHAPTER 37.

First Annual Report of the Managers of the Collins State Hospital to the State Commission in Lunacy.

To the State Commission in Lunacy:

Gentlemen.—Agreeably to chapter 707 of the Laws of 1894, we, the undersigned, managers of the Collins State Homeopathic Hospital, make the following report of our transactions relative to said hospital for the year ending September 30, 1895:

The Collins State Homeopathic Hospital was created by chapter 707 of the Laws of 1894, and a tract of 500 acres in the town of Collins, Erie county, N. Y., was purchased and set apart for establishing an hospital for the care and treatment of the insane upon the homeopathic principles of medicine. The Legislature in 1895 appropriated \$25,000 to commence the establishment of such an hospital, and the improvement and management of the hospital farm, and for the following purposes, viz.:

For developing the spring-water supply, including excavations, well walls and connections.....	\$2,400 00
For sewers, tile and excavations therefor.....	12,000 00
For landscape architect and necessary work to be done under him.....	1,500 00
For building architect, plans and specifications....	1,500 00
For drainage and drainage material.....	500 00
For horses, wagons and farm implements, clerk hire, office furniture and stationery.....	1,500 00
For phosphites for immediate use, repair of roads and bridges, and for manure for future use.....	2,000 00
For necessary seeds.....	500 00

Collins State Hospital—Annual Report.

For fences and material for fences.....	200 00
For repairing and painting buildings upon the farm,	100 00
For labor upon farm.....	1,500 00
For feed for horses and stock.....	500 00
For purchase of stock.....	800 00

The Legislature in 1894 made no appropriation for inaugurating the work of establishing an hospital or preserving or maintaining the farm and the board of managers were greatly embarrassed on that account, and being without funds or farming utensils, the board were constrained to rent the farm until the 1st of April of the present year. During the time the county of Erie owned the farm (about five years) it was also rented, and with the result that the farm was "badly run" and the soil nearly exhausted and depletion existed generally.

When we took possession of the farm we found nearly 350 acres under the plow, and a considerable portion of meadow so affected by drought and pasturing that plowing and reseeding were necessary. As large a proportion of this as was possible with the time available and the funds allowed us was put into oats and buckwheat during the past summer and seeded; the seeding, however, being only a partial success, owing to the drought and killing frosts at seeding time. The result is that a considerable portion of these lands will have to be again plowed and seeded another year.

The crops raised during the summer were more than an ordinary crop and exceeded those of the surrounding vicinity, fully demonstrating the availability of the soil for the raising of products, when properly managed and farmed. We have harvested nearly 4,000 bushels of oats and 3,000 bushels of buckwheat. We have also about thirty-five acres of corn. Both the buckwheat and corn were seriously damaged by the frosts in September.

We have further to report that the managers have held frequent meetings, both at the farm and elsewhere, and that one member of the board has visited the farm weekly during the

Collins State Hospital—Annual Report.

summer, and the executive committee has had almost daily communication relative to the affairs of the hospital. We have familiarized ourselves with the farm and its environments and the embryo work incident to establishing an insane hospital. We have employed August C. Esenwein, of Buffalo, N. Y., as building architect, and we are advised he has his plans for the hospital buildings nearly ready to submit to the persons designated by the statute for approval. We have also employed Messrs. French & Dobbin, of New York city, as landscape architects, and they have made considerable progress in mapping, planning and parking the farm, and have under way a nursery, with a collection of 600 young hemlock, 300 cottonwood and a large number of deciduous trees and about 3,000 young *Euonymus Americanus*.

We have also employed Messrs. Guthrie & Rockwood, of the city of Buffalo, civil engineers, who have made surveys, plans and specifications for the building of the sewer from the Cattaraugus creek to the hospital grounds, and the same has received our approval and each survey, plans and specifications are now in the hands of the Capitol Architect for his approval, at the instance of the Commission in Lunacy. Plans and specifications have also been prepared for a system of underdrainage, which are also in the hands of the Capitol Architect for his approval, under like circumstances. We have also made considerable progress in developing the spring-water supply for the hospital buildings, drilling test wells, measuring their capacity and formulating plans for such water supply.

We have further to report that we have made a careful study of the topographical features of the farm and the environments, and we anticipate being prepared in the near future to select and submit to the proper authorities for approval a site for the buildings and plans and specifications for the same, and, we may add, that in our judgment, the best interest of the hospital commands the acquirement of a few additional acres of land for a site for the hospital buildings, adjacent to the site we have under consideration, and we shall feel constrained to ask the Legislature for an

Collins State Hospital—Annual Report.

appropriation therefor. We also deem it expedient to ask for an appropriation for preparing the building site for the hospital buildings, for completing the sewer thereto, for fertilizers, seeds, farm implements, work and labor upon the farm, for roads and bridges, fences, engineer's services, expenses, etc., for further work in landscape gardening and developing and establishing a water system and for at least one group of hospital buildings, of the estimated cost of all of which we have not at this time sufficient data to make a reliable estimate, but anticipate obtaining such data before the convening of the Legislature as to properly submit the same.

The following is a detailed statement of our receipts and disbursements for the year ending September 30, 1895, viz.:

For developing the spring-water supply, including excavations, well walls and connections.

We have received from the Comptroller of the State, out of the appropriation therefor, the sum of \$1,078.32.

We have disbursed as follows, viz.:

To Voorhees & Witmer, for surveying.....	\$6 71
To George Gern, for labor.....	4 50
To Arthur Turner, for labor.....	14 25
To Michael Huber, for labor.....	1 50
To Allen Steves, for labor.....	16 50
To John Gates, for labor.....	19 50
To Simon Wright, for labor.....	11 25
To John Stevens, for labor.....	6 00
To Leonard Stadler, for labor.....	10 50
To Daniel Lucas, for labor.....	11 62
To Burnell Stevens, for labor.....	9 00
To James Russell, for labor.....	16 87
To Hemp Willett, for labor.....	4 50
To William Pratt, for labor.....	3 00
To Owen Moss, for labor.....	3 00
To Edward Hanson, for labor.....	11 62

Collins State Hospital—Annual Report.

To Joseph Lucas, for labor.....	\$11 25
To Fred. Bentley, for labor.....	19 50
To Axel Smith, for labor.....	10 50
To John Whalen, for labor.....	9 00
To Peter Hammond, for labor.....	6 00
To James Russell, for labor.....	1 50
To Daniel Lucas, for labor.....	75
To Allen Steves, for labor.....	18 00
To James Catlin, for labor.....	1 50
To Guthrie & Rockwood, surveying.....	200 00
To Simon Wright, for labor.....	75
To Leonard Stadler, for labor.....	75
To Joseph Lucas, for labor.....	75
To James Castin, for labor.....	1 50
To Edward Hanson, for labor.....	75
To John Whalen, for labor.....	75
To W. D. Champlin, drilling wells.....	207 25

For landscape architect and necessary work to be done under him.

We have received from the Comptroller of the State of New York, out of the appropriations therefor, the sum of \$1,500.

We have disbursed as follows, viz.:

To William Torrance, surveying.....	\$10 00
To French & Dobbin, services.....	331 74
To James Russell, labor.....	1 50
To French & Dobbin, landscape architects.....	263 82
To Daniel Lucas, labor.....	2 25
To Guthrie & Rockwood, surveying.....	50 00
To William Pratt, labor.....	3 00
To George Gern, labor.....	7 50
To James Russel, labor.....	11 62
To Guthrie & Rockwood, surveying.....	428 70

Collins State Hospital—Annual Report.

For horses, wagons, farm implements, clerk hire, office furniture and stationery.

We have received from the Comptroller of the State of New York, out of the appropriation therefor, \$1,312.48.

We have disbursed as follows, viz.:

To L. L. Hathaway, goods.....	\$3 68
To T. T. Clark, goods.....	14 00
To J. J. Quigley, goods.....	28
To John Kammerer, goods.....	30 86
To Clara E. DeLaney, labor.....	8 00
To John A. Schoos, goods.....	831 00
To Charles Rosenburg, goods.....	15 00
To Smith Premier Typewriter.....	91 49
To Clara E. DeLaney, labor.....	6 00
To Carrie S. DeRucia, clerk hire.....	4 50
To F. L. Mattocks, stationery.....	6 00
To J. G. Johnson & Co., stationery.....	3 30
To P. H. Horton, labor.....	11 00
To A. Cutler & Son.....	58 00
To James S. Cole.....	2 50
To Charles Rosenburg, labor.....	2 50
To Metta M. Stern, clerk hire.....	3 00
To Carolyn DeRucia, clerk hire.....	16 50
To C. S. Phelps, stationery.....	1 10
To F. L. Mattocks, stationery.....	3 00
To Chatsey & Christey, stationery.....	16 00
To John A. Schoos, tools.....	15 25
To John Kammerer, tools.....	10 25
To Beals & Co., drain shovels.....	2 33
To F. L. Mattocks, postage.....	3 00
To Nellie M. Cook, clerk hire.....	9 00
To Peter Paul Book Co., stationery, etc.....	11 20
To Carolyn DeRucia, clerk hire.....	15 00
To C. S. Phelps, stationery, etc.....	2 50
To H. M. Paine, clerk hire.....	92 67
To John Kammerer, farm implements.....	17 60

Collins State Hospital—Annual Report.

For phosphates for immediate use, repair roads and bridges, and for manure for future use.

We have received from the Comptroller of the State of New York, out of the appropriation therefor, the sum of \$1,091.32.

We have disbursed as follows, viz.:

To J. E. Van Deusen, phosphates.....	\$177 80
To S. Ballard, phosphates.....	336 50
To M. E. Wilber & Co., phosphates.....	32 50
To Becker Bros., phosphates.....	110 00
To J. E. Van Deusen, phosphates.....	48 00
To J. E. Van Deusen, phosphates.....	105 00
To William Pratt, highway work.....	1 50
To Michael Steves, highway work.....	3 37
To George Gern, highway work.....	3 75
To James Russel, highway work.....	7 50
To Allen Steves, highway work.....	18 00
To James Castin, highway work.....	3 75
To Lucius Studley, highway work.....	6 00
To Spencer Camp, highway work.....	6 75
To Simon Wright, highway work.....	7 50
To Peter Hammond, highway work.....	3 00
To Julius Freeman, labor, manure.....	3 00
To John A. Schoos, expenses, etc., manure.....	2 00
To J. H. Conger, phosphates.....	54 90
To M. O. Welch, labor, manure.....	1 50
To G. H. Hoover, for manure.....	100 00

For necessary seeds.

We have received from the Comptroller of the State of New York out of the appropriation therefor, the sum of \$500.

We have disbursed as follows, viz.:

To John A. Schoos, seeds.....	\$175 00
To Frank W. Taylor, seeds.....	1 75
To L. L. Hathaway, seeds.....	230 98
To John Kammerer, seeds.....	3 90

Collins State Hospital—Annual Report.

To John Quigley, seeds.....	\$13 20
To Sax & Crouch, seeds.....	48 50
To M. L. Conger, seed wheat.....	20 00
To L. L. Hathaway, grass seeds.....	6 67

For repairing and painting buildings upon the farm.

We have received from the Comptroller of the State of New York out of the appropriation therefor, the sum of \$86.83.

We have disbursed as follows, viz.:

To John Kammerer, goods.....	\$9 78
To John Gates, labor.....	8 00
To John Gates, labor, shingling, etc.....	10 50
To Soule & Russell, lumber, etc.....	41 00
To Soule & Russell, lumber.....	4 55
To Burnell Stevens, labor.....	1 50
To Julius Freeman, labor.....	1 50
To George Gern, labor.....	1 50
To Milton Hall, labor.....	1 50

For labor upon farm.

We have received from the Comptroller of the State of New York, out of the appropriation therefor, the sum of \$1,500.20.

We have disbursed as follows, viz.:

To Jerome Parks, labor.....	\$5 52
To A. Bootiac, labor.....	61 64
To John Gates, labor.....	43 70
To Edward Hanson, labor.....	23 00
To Burnell Stevens, labor.....	75
To Elmer Tice, labor.....	75
To Spencer Camp, labor.....	1 50
To C. Hurdley, labor.....	3 00
To Edmund Studley, labor.....	1 50
To Daniel Lucas, labor.....	3 75
To Fred. Moore, labor.....	54 00
To Daniel Barnhart, labor.....	31 50

Collins State Hospital—Annual Report.

To Peter Hammond, labor.....	\$50 25
To S. L. Stebbins, labor.....	18 00
To Michael Steves, labor.....	4 50
To Woodruff Bastedo, labor.....	15 00
To William Pratt, labor.....	36 00
To Fred. Minnequine, labor.....	42 75
To Allen Steves, labor.....	21 75
To Owen Moss, labor.....	19 50
To Owen Moss, labor.....	3 00
To Albert Corbett, labor.....	17 00
To John A. Schoos, labor.....	713 00
To John Kammerer, labor.....	12 50
To A. Bootiac, labor.....	13 80
To Allen Steves, labor.....	12 75
To D. W. Sprague, labor.....	5 02
To John A. Schoos, labor.....	173 39
To Jacob Spade, labor.....	22 08
To Jacob Smith, labor.....	22 08
To John Gates, labor.....	1 84
To Spencer Camp, labor.....	1 50
To James Wilcox, labor.....	7 36
To Daniel Barnhart, labor.....	27 00
To Nicholas Cook, labor.....	2 10
To Owen Moss, labor.....	27 00

For fences and material for fences.

We have received from the Comptroller of the State of New York, out of the appropriation therefor, the sum of \$23.10.

We have disbursed as follows, viz.:

To Edmund Studley, labor.....	\$0 37
To A. Bootiac, labor.....	6 44
To John A. Schoos, labor.....	15 75
To L. L. Hathaway, goods.....	34
To John Kammerer, goods.....	20

Collins State Hospital—Annual Report.

For feed for horses and stock.

We have received from the Comptroller of the State of New York, out of the appropriation therefor, the sum of \$167.10.

We have disbursed as follows, viz.:

To John A. Schoos, hay, etc.....	\$54 00
To Peter Webber, horseshoeing.....	2 40
To F. G. Shepard, for horse doctoring.....	5 00
To John A. Schoos, hay, etc.....	59 00
To Peter Webber, horseshoeing.....	2 10
To V. C. Armes, drugs.....	95

We have also to report that we have received from various persons, for products of the farm, the sum of \$87.16.

We have disbursed as follows, viz.:

To M. O. Welch, labor.....	\$9 00
To William Woodward, labor.....	7 50
To Sidney A. Smith, labor.....	4 50
To John Stevens, labor.....	7 50
To William Pratt, labor.....	3 00
To Michael Steves, labor.....	6 00
To Fred. Walden, labor.....	6 00
To James Russell, labor.....	10 50
To Burnell Steves, labor.....	10 50
To Edward Hanson, labor.....	2 76
To John Gleason, labor.....	3 00

All of which is respectfully submitted.

WM. TOD HELMUTH,
ASA STONE COUCH,
FRED. J. BLACKMON,
Board of Managers.

Dated *September 30, 1895.*

CHAPTER 38.

Third Annual Report of the State Charities Aid Association to the State Commission in Lunacy, December 1, 1895.

To the State Commission in Lunacy:

The State Charities Aid Association respectfully submits its third annual report to the State Commission in Lunacy, in accordance with the provisions of chapter 635 of the Laws of 1893.

Before proceeding to review the work of the past year, we desire to congratulate you upon the reappointment of your president, Dr. Carlos F. MacDonald, to a second term of office, of six years. Dr. MacDonald's work for the insane is well known to our visitors and members. As the head of a large county asylum; as medical superintendent of an important State hospital; as the first president of the State Commission in Lunacy, charged with the responsibility of inaugurating the new State care system, a task which, in its successful accomplishment, has required exceptional ability, industry, firmness and zeal, in all these positions Dr. MacDonald has shown himself to be inspired by the one object, that of obtaining for the insane a higher standard of medical treatment and physical comfort. All true friends of the dependent insane will be gratified by this appointment, and especially the members of this association.

As a matter of comparatively little importance, and yet worthy of note, we would mention that this year, for the first time, the association reports solely to the commission upon matters relating to the insane. Heretofore we have been obliged by law to report upon the insane to both the State Board of Charities and the State Commission in Lunacy. But the revised State Constitution, which went

State Charities Aid Association — Annual Report.

into effect January 1, 1895, while leaving with the board the inspection of the charities, withdrew from it, to be vested solely with the commission, all jurisdiction over the insane. This natural division of the powers and duties of these two official bodies had been anticipated by the association. In 1893, when the Legislature enlarged the scope of our visitorial powers to include State charitable institutions, we asked for the insertion of the following self-acting clause, as an additional amendment to our "right-of-entrance" law:

"The State Charities Aid Association shall make annual reports of the results of its visits and inspections made under this act, to the State Board of Charities upon matters relating to the institutions subject to the visitation of said board; and to the State Commission in Lunacy upon matters relating to the institutions subject to inspection or control by said commission." (Chapter 635, Laws of 1893). It will be seen from the above that further amendment, to meet present conditions, is unnecessary.

Number of Dependent Insane.

The total number of dependent insane persons in the State of New York, on October 1, 1895, was 18,855, in accordance with statistics furnished through the courtesy of your office; of which 9,642 were in State hospitals, and 9,213 in the two county asylums of New York and Kings.

New York and Kings County Asylums.

In the New York asylums, October 1, 1895, there were 6,806 patients; in the Kings County Asylums, 2,407; total, 9,213.

Full reports of the condition of these two asylums, from our visiting committees, will be found in the appendix. They are instructive and suggestive, and represent frequent visits to the asylums during the past year by experienced and accurate observers.

As the Kings County Asylums of St. Johnland and Flatbush were, on October 1, 1895, transferred to the State, and are now

State Charities Aid Association —Annual Report.

known as the "Long Island State Hospital," this will be our last report upon these asylums as a county institution.

Manhattan State Hospital Bill, of 1895.

Long Island State Hospital Act.

The opening of the working season of 1894-95 brought with it the hope that, before its close, we should see consummated the reform movement which, begun nine years before by the association, aimed at nothing less than the removal of all insane persons from the neglect and abuses of county poorhouses and county asylums to the humane care and skilled medical treatment of State hospitals.

Other reports of this association have narrated the difficulties encountered, the organized opposition met and overcome, the long continuous struggle of four years, from 1888 to 1891, before the necessary legislation was obtained which made this great reform possible. Nor do we forget that, even then, the "State Care Acts," as they were called, might have remained practically inoperative, had it not been for the courage and ability with which they were administered by the commission and its efficient secretary. Gradually, steadily, year by year, as accommodations at State hospitals could be provided for them, the insane were withdrawn from the various poorhouses and poorhouse asylums, about 2,200 patients in all, until, at the close of the year 1894, there remained but two of the 60 counties of the State where the dependent insane were still under county care.

These were the two important counties of New York and Kings, whose asylums, October 1, 1894, contained together almost one-half of the total number of 17,545 dependent insane persons in the State of New York. In the New York city asylums there were 6,395 patients, in the Kings county asylums, 2,303.

How best could this vast number of insane persons be transferred from county to State care? This was the question which, one year ago, confronted the State Charities Aid Association.

State Charities Aid Association — Annual Report.

Fortunately it was not a new question. The framers of the State Care Act of 1890, foreseeing the need of to-day, had asked and answered it by incorporating in the act itself an outline of a method of procedure. But additional legislation was needed.

Public events succeed each other so rapidly in this country that all details connected with those of only a few years ago, details which at the time may have excited much comment and discussion, soon fade from the public mind. It therefore becomes necessary, for a clear understanding of the subject we are considering, to re-state briefly two of the main provisions of the State Care Act.

One of these, in no uncertain terms, made it obligatory upon 57 of the 60 counties of the State to send all their dependent insane, whether acute or chronic cases, to State hospitals, as soon as accommodations could be provided for them there. From this compulsory feature of the State Care Act, the three counties of New York, Kings and Monroe were exempted. With them it was made permissive.

Why this distinction, it may be asked? Simply because these were the only counties in the State which possessed asylum lands and buildings of sufficient magnitude and importance, and so situated, as to make their reorganization as State hospitals possible and desirable, whenever these counties should elect to transfer their asylum property to the State for this purpose. In all the other counties, where county care prevailed, the accommodations for the insane were part of the poorhouse proper, the best of these, with one exception, being annexes of the main building, while in most of the counties the insane were to be found in wings and wards of the poorhouse, occasionally in attics and cellars. Here, usually in charge of pauper attendants, they were without proper food, clothing or skilled medical treatment. One hesitates now to recall the neglect and cruelties of those by-gone days; but there was no hesitation then. The only thing to be done for these poor, suffering people was to remove them, every one of them, from those dreadful, so-called asylums, and as soon as possible.

State Charities Aid Association — Annual Report.

Another important provision of the State Care Act, its financial feature, was based upon the principle which underlies its every section, that the insane are the wards of the State, and as such should be supported solely and entirely by the State. This principle is recognized by both common and statute law, but, until now, the State has never assumed its full obligations as guardian. Heretofore the cost of maintaining the dependent insane in State insane asylums, as they were then called, was divided between State and county, the State providing the land, buildings and equipment, and the salaries of the medical staff, the county furnishing clothing and paying a weekly *per capita* sum, averaging about \$3.33, for the maintenance of the patients sent to the State asylums. Unquestionably under this system it was better, financially, for the counties to keep their insane at home; it cost them less — for the kind of care they give. The financial pressure was all in favor of county care.

This is so no longer. The State Care Act has reversed this unwise policy, and it is now the financial interest of each county to be included in the State care system. This radical change was brought about by the provision, scarcely realized at the time in all its magnitude, that as soon as the comparatively small inexpensive buildings, provided for in the act, had been erected on the grounds of existing State hospitals, or, in other words, as soon as the State had provided sufficient accommodations, in State hospitals, for all the dependent insane of the 57 counties which were obliged to send their insane to State hospitals, and a certificate to this effect had been filed by the State Commission in Lunacy, these counties should then be relieved from all further cost of their maintenance. As before, it was left optional with the three counties, of New York, Kings and Monroe, to come into the new system. They could do so or not, as they preferred. But it will readily be seen that it was greatly to the financial advantage of each and all of the three counties to be included in the State care system. Outside of it, they are obliged to bear the entire cost of maintaining their own insane, and also their share of

State Charities Aid Association — Annual Report.

the burden of maintaining the insane of all the other counties. Within the system, they pay their *pro rata* share of the general State tax levy for the support of all the indigent insane of the State, their own included, but nothing more. Not often do philanthropists have the satisfaction of seeing a financial pressure exerted steadily on the side of humanity. The State Care Act chanted its own psalm of mercy — we could wait, for the response was sure to come.

And it came. The act itself was passed in 1890; the full appropriation of \$454,850 for the new buildings was granted in 1891; the buildings were completed, and the certificate filed in December, 1892; the following year, by special State tax levy of one-third of a mill, \$1,300,000 was appropriated; and "State maintenance" was an accomplished fact, by October 1, 1893.

Of the three exempted counties, Monroe applied almost immediately to be admitted to the privileges of the State Care Act, and, in 1891, having obtained the additional legislation needed, the Monroe county asylum was reorganized as the "Rochester State Hospital."

Kings county took the preliminary steps for admission in 1894.

New York maintained an ominous silence. It was not until the present administration took possession of the City Hall that, in the first message of Mayor Strong, of January 8, 1895, we find the words: "The care of the insane in this county should pass to the State. This city not only pays a large portion of the State's expenses in caring for the insane of the State beyond our own limits, but pays additionally for the support of its own."

Not financial considerations alone called for the reorganization, on a State care basis, of the asylums of the two counties; public sentiment in both demanded it. Flagrant instances of neglect, constant reports of overcrowding, had touched the hearts of the citizens of Brooklyn, who generously gave \$3,000,000 to better the condition of their poor insane people, only, alas! to see this munificent gift buried in the sands of St. Johnland, while those it was intended to benefit caught but a few of the golden grains as

State Charities Aid Association—Annual Report.

they passed through the sieve of corruption. Kings county was not only willing but eager to transfer her asylum property to the State.

In New York, the Ward's Island investigation, conducted by your commission through the summer of 1894, revealed many evils, the result of a deficiency in both the quantity, quality and variety of supplies, and, more especially, of very great overcrowding. The public conscience was shocked and at last awakened to the fact that a radical change in the management and control of the New York city asylums was imperative. It has been well said by Miss Rosalie Butler, president of our New York county visiting committee: "That the insane of our city need extended accommodation, a higher standard of maintenance, more attendance and medical care, has been recognized for years, and has been again and again pronounced by competent authority after full investigation; yet the city has hitherto refused either to undertake the expenditure required to meet the need or to permit the State to assume the burden."

The right of New York and Kings counties to be admitted to the full privileges of the State Care Act, whenever they should apply for admission, was conceded throughout the State. Governor Morton especially recognized it in his message of January, 1895; and not only then but at all times, whenever the subject was under consideration, he has never lost an opportunity to exert his great influence in behalf of large appropriations and better care for the dependent insane of the entire State. In the message referred to, when speaking of the care of the dependent insane, he says: "The expenditure for this purpose is already one of the largest items in the State budget, and if the counties of New York and Kings adopt the course they are expected to, of asking to be relieved of the care of their insane, the annual appropriation for the maintenance of the indigent insane will exceed in amount the appropriation for any other single department of the State government. It will approximate \$3,500,000 to \$4,000,000. It is, of course, conceded that the two counties last named have the per-

State Charities Aid Association—Annual Report.

fect right to turn over their insane to the care of the State, and the dictates of humanity and justice favor the transfer.”

For many reasons, chiefly political, it was thought best that the bill for transferring the New York city asylums to the State, better known as the “Manhattan State Hospital Bill,” should be prepared by and emanate from the State Charities Aid Association, and be publicly known as an association measure. Thus, all danger of its becoming a party measure was avoided, or, what was still more important with the Legislature of 1895, of its becoming identified with any faction of the dominant party.

Through January and February the bill was in course of preparation. The original draft was submitted by the association to Mayor Strong, as also to the president of your commission. After many consultations the measure was modified to meet the views of both municipal and State authorities and, as finally perfected, was introduced, March 1, 1895, in the Assembly, by the Hon. Alfred R. Conkling; in the Senate, March 5th, by the Hon. Jacob A. Cantor.

The bill was entitled “An act for the conversion of the New York city asylums for the insane into a State hospital, and to establish the Manhattan State hospital,” and provided that, on October 1, 1895, the asylum property of the city, situated at Central Islip, Long Island, as also its Ward’s Island property, should be transferred to the State, with the inmates of these asylums, to be reorganized as the Manhattan State Hospital. The Central Islip property was to be leased to the State at an annual rental equivalent to the interest of 3 per cent. upon \$400,000, the Ward’s Island property at an annual rental of 3 per cent. upon \$2,500,000. Provision was made for the termination of these leases upon notice to be given by State or city. If terminated by the city, the city was to reimburse the State for buildings erected by the State and for improvements made upon the property. The insane remaining on Blackwell’s and Hart’s islands, with the buildings and lands occupied by them, were to be under the control of the managers of the Manhattan State Hospital until such time

State Charities Aid Association — Annual Report.

as the State could provide accommodations for these patients elsewhere, provided this period should not exceed five years.

The government of the Manhattan State Hospital was to be the same as that of the other State hospitals, *viz.*, to be vested in a board of managers appointed by the Governor and Senate. For the Manhattan State Hospital there were to be seven managers, two of them women, and all of them residents of the city of New York.

Such, in brief, were the principal provisions of the bill, with all details omitted of the *modus operandi*.

Here we pause to speak of the introduction, on March 19, of the Kings county bill, in the Senate, by the Hon. George A. Owens, in the Assembly, by the Hon. William H. Friday. This, our sister bill, was modeled upon the New York bill, even to the same phraseology, varied only to meet differing conditions. The bill was entitled "An act for the transfer of the Kings county asylums for the insane at St. Johnland, and their conversion into a State hospital, and the leasing of the Kings county asylums for the insane at Brooklyn, and to establish the Long Island State Hospital." The only differences of importance between the two bills were that Kings county proposed to deed her St. Johnland property to the State for \$300,000, and to lease here Flatbush property, the latter for a nominal consideration.

On March 20, a joint hearing upon the Manhattan State Hospital bill was granted by the Assembly Ways and Means and Senate Finance committees. At this hearing there appeared in opposition Mr. Dennis McMahon, who claimed, for himself and clients, certain riparian rights on Ward's Island. In support of the bill the association was represented by Dr. C. F. Chandler, Dr. George G. Wheelock, Messrs. John M. Bowers and Ernest H. Crosby all of New York city, as also by Miss Schuyler, chairman of the committee of the association in charge of the bill. The Hon. Milo M. Acker, of Steuben county, whose name deserves to be held in grateful remembrance by the people of this State for his courageous, able and successful championship of the State Care

State Charities Aid Association—Annual Report.

bill of 1890, "the year of the great fight," was also present to speak in behalf of better care for the insane of the metropolis. The State Commission in Lunacy was represented by your president, Dr. Carlos F. MacDonald, who made a strong plea in support of the measure, and by Commissioner Henry A. Reeves.

As the hearing proceeded it was very evident that the members of the Legislature were as fully aware as ourselves of the very great financial advantage to be derived by the city of New York should the bill become law. Figures, furnished by your commission, estimated the annual gain to the city, even supposing its asylum property to be leased to the State for a nominal sum, as approximating \$988,000. It was, therefore, no surprise to us, indeed the amendment had been anticipated by the association and the commission before the bill was introduced, to hear, later, that the bill had been reported by the Ways and Means committee so amended that Ward's Island was to be leased to the State, and Central Islip conveyed by warranty-deed to the State, for the nominal consideration of \$1 each. On the same day, April 11, the Kings county bill was also reported favorably, with similar amendments. The Flatbush property was to be leased to the State for a nominal consideration; the St. Johnland property was to be conveyed to the State, by quit-claim deed, for the sum of \$1.

These amendments were satisfactory to us, as we believe they were to all parties concerned. It was greatly to the advantage of the insane that Central Islip and St. Johnland, both in Suffolk county, should be given and not leased to the State. They were too far away from New York city and Brooklyn to be useful to these cities for any other purpose than insane asylums, and State ownership would naturally imply larger appropriations by the State for permanent improvements than might be expected for the improvement of leased property. On the other hand, New York city and Brooklyn would naturally not consent, either of them, to ownership by the State of any property so much an integral part of themselves as Ward's Island and Flatbush.

State Charities Aid Association—Annual Report.

The Manhattan State Hospital bill was passed by the Assembly April 23, without opposition, by a vote of 93 to 0. The Kings county bill was passed the same day by a vote of 93 to 3. Both bills went to the Senate, and were referred to the Finance committee.

Here they part company. The Manhattan State Hospital bill at once encountered opposition in committee; the Long Island State Hospital bill, identical in its aims and objects, almost identical in its provisions and in form, was favorably reported from committee without opposition. Before attempting to analyze the reasons given for this unexpected check, we will conclude our record of the Kings county bill by stating that it passed the Senate, May 7, by unanimous vote, and was signed by Governor Morton on the 11th day of May, 1895 (chapter 628 of the Laws of 1895).

We heartily congratulate the citizens and municipal authorities of Brooklyn; we rejoice with our fellow-members of the Kings county visiting committee—those firm friends of the dependent insane of their county for twenty odd years—upon the accomplishment of this great reform. They may well count that day a blessed one in the history of Brooklyn, that 1st day of October, 1895, when the Long Island State Hospital opened its doors to a new era of hope and promise for these the most afflicted of our brethren.

Back Taxes Case.

The unexpected opposition to the Manhattan State Hospital bill, above referred to, appeared in the form of an amendment, which the finance committee of the Senate proposed to insert in the bill, and which is primarily responsible for the failure of the bill to become law. It proposed, in effect, that the law should remain inoperative until the city of New York had withdrawn its appeal in a suit between city and State, then pending in the courts. Granted, in this case, that the provocation of the State was great, that the city in its contention was without the sympathy of its own citizens, it seemed to us unjustifiable for the legislative branch

State Charities Aid Association — Annual Report.

of our State government to attempt, however indirectly, to influence the action of a party to a suit pending in the courts.

This we were powerless to prevent. An amendment of this nature was inevitable. All we could do was to try to obtain modifications which would make the amendment as little objectionable as possible.

We must here again revert to past events, to make our narrative clear. It will be remembered that the State Care Act provided for the maintenance of the insane by the State as soon as sufficient accommodations had been provided for them in State hospitals. A certificate to this effect having been filed by the State Commission in Lunacy, in December, 1892, the Legislature of 1893 levied a special tax of one-third of a mill upon all taxable property of the State, for the support of the dependent insane. New York and Kings counties were subject to their just proportion of this State tax, as were all the other counties. Kings county paid her quota; but New York, under Mayor Gilroy's administration, refused to pay her's, on the ground that, as she paid for the maintenance of her own insane, she should not be called upon to pay for the maintenance of the insane of other counties. There might have been some force in this reasoning, had it not been coupled with the fact that New York city *voluntarily* chose to pay for the maintenance of her insane. The State stood ready to bear the entire expense, to give larger appropriations for and better care to the dependent insane of New York city than they had ever had before, whenever the city should wish this done; but, no! New York preferred to continue her own meagre appropriations for her city asylums, and at the same time refused to pay the legitimate State taxes imposed upon her. The questions of patronage, of fictitious low tax rates involved in this matter, we shall not enter upon. Unlike Kings county, where the circumstances were similar, New York city not only refused to pay the special State tax of \$608,279 for 1894, but also that for 1895, of \$631,800; amounting, for the two years, to \$1,240,079.

The contest, at the time of which we are writing, was being waged in the courts, and one decision, in favor of the State, had

State Charities Aid Association—Annual Report.

been rendered by Special Term of the Supreme Court. From this decision the city had appealed. Meanwhile, in Albany, the Comptroller's office was embarrassed, it was necessary to borrow money to meet the deficit; while public sentiment, a sentiment very strongly shared by this association, declared that the taxes were justly due.

That the Court of Appeals would eventually so decide scarcely admitted of doubt, as has since been proved. On September 10th a second decision against the city was rendered by the General Term; on December 19, 1895, the suit was terminated in the Court of Appeals. The court decided in favor of the State. The city was to pay the back taxes, principal and interest, a sum amounting to about \$1,325,000.

Manhattan State Hospital Bill (Continued).

We return to the history of the bill. After many interviews and much correspondence, the following less objectionable amendment was added to the bill in the form of a new section; and, thus amended, the bill was reported from committee.

“Section 15. The state shall not assume the care of the insane of the city and county of New York, pursuant to the foregoing sections of this act, until the city of New York shall have paid into the treasury of the state of New York, all state taxes assessed and levied against said city and county of New York to provide for the support of the insane of the state, pursuant to the provisions of chapter one hundred and twenty-six of the laws of eighteen hundred and ninety, of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three, and of chapter three hundred and eighty-three of the laws of eighteen hundred and ninety-four, together with the interest thereon. The board of estimate and apportionment of the city of New York is hereby authorized to make provision for the payment of such state taxes, assessed and levied as aforesaid, with the interest thereon, by directing the comptroller to issue and sell consolidated stock or bonds of the city of New York, to be issued in accordance with the provisions

State Charities Aid Association — Annual Report.

of chapter four hundred and ten of the laws of eighteen hundred and eighty-two, entitled 'An act to consolidate into one act, and to declare the special and local laws affecting public interests in the city of New York' in such amount as may be necessary for the payment of the said state taxes."

Before the bill was reported from committee, the president of the State Charities Aid Association, Hon. Joseph H. Choate, wrote to the finance committee of the Senate, requesting, in the name of the association, that the first part of the new section be amended to read as follows (the proposed amendment is *italicised*):

"Section 15. The state shall not assume the care of the insane of the city and county of New York, pursuant to the foregoing sections of this act, until the city of New York shall have paid into the treasury of the state of New York *such* state taxes assessed and levied against said city and county of New York to provide for the support of the insane of the state, pursuant to the provisions of chapter one hundred and twenty-six of the laws of eighteen hundred and ninety, of chapter two hundred and fourteen of the laws of eighteen hundred and ninety-three, and of chapter three hundred and eighty-three of the laws of eighteen hundred and ninety-four, together with the interest thereon, *as shall be finally adjudged to be due from said city to the state; or until the city's appeal now pending from the judgment recorded against it for such taxes shall be withdrawn.* The board of estimate and apportionment, etc., etc."

This request was refused. Had it been granted the bill would have received the approval of the mayor and the counsel to the corporation, and would have become law.

The Manhattan State Hospital bill was passed by the Senate, May 7th, by unanimous vote, and was returned to the Assembly, where the amendments were concurred in on the following day. As a special city bill, it then went to the mayor of the city of New York, and was received by him May 11th.

The Legislature adjourned May 16th. A few days before adjournment the usual provision was made by the Legislature for the maintenance of the dependent insane of the State, by the passage

State Charities Aid Association — Annual Report.

of a bill levying a special tax for this purpose. The rate this year was fixed at one mill, higher than ever before, to cover the greatly increased expense to the State of providing maintenance and increased accommodations for the additional 9,000 insane patients of New York and Kings counties. The proceeds of the tax, it was estimated, would amount to \$4,292,082, of which the New York city asylums, reorganized as the Manhattan State Hospital, would receive at least \$1,200,000 for maintenance, buildings and repairs, a larger sum than they had ever obtained from the city treasury in any one year. The special tax bill received the approval of the Governor almost immediately after its passage by the two houses because money was needed at once for several of the State hospitals, and the bill provided for the immediate use of \$500,000. It is true that when the Legislature adjourned the Manhattan State Hospital bill still awaited the approval of the mayor and the signature of the Governor to become law, but it was taken for granted by the Legislature that these were assured, as both these high officers had declared themselves to be in favor of the transfer of the insane of New York city to the care of the State.

In New York the hearing upon the bill before the mayor at the city hall, was fixed for May 20th. There appeared in its support, as representing the State Charities Aid Association, Dr. Charles F. Chandler, Mrs. William B. Rice, Hon. Seth Low, Miss Louisa Lee Schuyler, Miss Rosalie Butler, Doctors George G. Wheelock, William H. Draper, Abram Jacobi, Charles Hitchcock and Richard H. Derby; also, Mr. Homer Folks, secretary of the association, and other citizens. Dr. Carlos F. MacDonald, also a resident of New York city, spoke in behalf of the measure, as a member of the State Commission in Lunacy.

In opposition there appeared Mr. Dennis McMahon, Doctors Charles L. Dana and Langdon C. Gray, and the counsel to the corporation, Hon. Francis M. Scott. The latter entered protest against a section of the bill (section 15) which, in his opinion,

State Charities Aid Association—Annual Report.

should the bill be approved by the mayor, would affect the standing of the back taxes case in the courts. For this reason, and upon other grounds, he hoped the mayor would withhold his approval. And, in this connection, it is but just to say that the opinion of the corporation counsel was sustained by no less eminent members of the bar than Messrs. Joseph H. Choate and James C. Carter. Both these gentlemen were strongly in favor of the object of the measure, and familiar with all its provisions, and yet were unable, conscientiously, to ask the mayor for his approval.

The complications, indeed, were many. To state even a few of them will show how exceedingly difficult it was for the mayor to decide what course to pursue. One of the provisions of the bill fixed the date of the transfer of the New York City Asylum property to the State as October 1, 1895. The new section declared that the State should not assume the care of the insane of New York "pursuant to the foregoing sections of this act" until the back taxes had been paid. The city authorities asserted they would not pay the back taxes until the courts had decided they must be paid. Should the decision of the Court of Appeals be delayed beyond October 1st (it was rendered in December), must the property be transferred on that date, as stated in the law? And, if transferred, and the taxes still not paid, who would be responsible for the maintenance of the patients? On the other hand, the Attorney-General held that the property could not be transferred to the State in October, or any action be taken under the law, until after the back taxes had been paid, it being the intent and meaning of the new section that until then the law should remain inoperative, in whole and in part. Again, it was held by many that, as the "back taxes case" was to be argued before the General Term, May 24th, a speedy decision would enable it to be passed upon by the Court of Appeals, as a "preferred case," in June, and so terminated long before the date when the act was to go into effect, August 15th. And this, indeed, had the bill been approved and had the courts acted

State Charities Aid Association—Annual Report.

promptly (which they did not), would have solved the problem. By others it was believed that the sole object of the new section was to coerce the city into withdrawing its appeal.

The hearing at the City Hall was closed, and with much anxiety the mayor's decision was awaited. The fifteen days, within which, by the Revised State Constitution, all special city bills must be returned by the mayor to the Governor (the Legislature not being in session), with a certificate either of approval or disapproval, expired on the twenty-fifth of May. On that day the bill was returned to the Governor, without certificate of any kind.

Public excitement was thoroughly roused. All eyes were turned to the Governor. The new Constitution had failed to provide for a case of the kind. Opinions differed as to whether he could or could not constitutionally give the measure his approval. The press was divided, lawyers of eminence held different opinions, while very great pressure, from the humanitarian point of view, as also from the political and financial points of view, was brought to bear upon him. He was known to be in full sympathy with the measure, and the special State tax levy had been authorized beyond recall.

The association took no part for or against the measure after it left the City Hall. We were, indeed, most anxious to secure for those many thousand sufferers the benefit of the large appropriation, and yet our lips were sealed by the belief that the bill could not constitutionally be signed, and that, if approved by the Governor, endless litigation must ensue over the question whether the hospital had or had not been legally established. We wished no flaw in the title-deeds of the Manhattan State Hospital. It was, therefore, a relief, a sad satisfaction to the committee of the association on the insane, when the Governor decided that the bill was not constitutionally before him, and, therefore, he could take no action upon it.

We conclude the history of the Manhattan State Hospital bill of 1895, with the following extract from Governor Morton's very full memorandum of June 15th, which was filed with the bill:

State Charities Aid Association — Annual Report.

“It does not appear that the mayor of New York took any action upon this bill. If the jurisdiction of the Governor depends upon the previous action of the city, to be certified in the manner prescribed by the Constitution, and no such certificate accompanies the bill returned by the mayor, the Governor acquires no more jurisdiction than he would acquire if the bill had not been returned by the mayor at all, and it probably will not be urged that the Governor has jurisdiction of a bill which is not returned by the mayor.

“I have been strongly urged to approve this bill, but I can not do so without overriding what seems to me to be a plain constitutional limitation, and I am unwilling to approve a measure of which I have no constitutional jurisdiction, and which, by such attempted approval, could not become a law, even though the measure is one of great public interest.

“I deeply regret the condition produced by the failure of the mayor to approve this bill, but I can not, in a conscientious performance of my constitutional duty, add to the unfortunate result of the mayor’s want of action a plain violation of the Constitution.”

Manhattan State Hospital Bill, of 1896.

We conclude our report by submitting the following subjoined letter, of July 30, 1895, addressed to Mayor Strong, and which explains itself:

The letter was given to the press, September 16th, by permission of the mayor, and was most favorably received. Copies of it were sent, at the same time, to State and city officers, and to the ex-members of the last Legislature, with a circular letter asking their support for the proposition. The answers thus far received have been very encouraging.

Respectfully submitted,

for the State Charities Aid Association,

LOUISA LEE SCHUYLER,

Chairman Committee on Insane.

NEW YORK CITY, December 1, 1895.

State Charities Aid Association — Annual Report.

From Miss Schuyler to Mayor Strong.

STATE CHARITIES AID ASSOCIATION,
105 EAST TWENTY-SECOND STREET,
NEW YORK CITY, *July 30, 1895.* }

HON. WILLIAM L. STRONG, *Mayor of the City of New York:*

Dear Sir.—As chairman of the committee of the State Charities Aid Association on legislation for the insane, I desire to submit for your consideration the following proposition:

I do so without hesitation, knowing your interest in the reform movement initiated by this association nine years ago, and now nearly completed, whereby the dependent insane of all the counties of the State are to be cared for in State hospitals, the entire expense of their support and medical treatment to be borne by the State. New York is now the only county which has not yet come into the State care system.

To bring New York county into this system, to claim and obtain for her dependent insane the same care which the State gives to the dependent insane of all other counties, was the object of the Manhattan State Hospital bill, which has recently failed of enactment.

The bill was drafted last winter by a committee of the association, in continuation of the State care reform movement begun in 1886, and in accordance with the recommendations made in your first message as mayor of this city, that our dependent insane should be transferred to the care of the State.

Before introduction, the bill was submitted to you for your consideration and approval, as chief magistrate of this city. I well remember the several meetings at the City Hall and at your house, when the bill was carefully read over, section by section, and when several important amendments, suggested by yourself, were incorporated into it. As perfected and introduced, it had your full approval.

The Manhattan State Hospital bill was introduced in the Senate by Mr. Cantor, in the Assembly by Mr. Conkling, and to these

State Charities Aid Association — Annual Report.

gentlemen we are indebted for having secured its passage by the unanimous vote of both Houses.

And here may I be pardoned the digression of referring to an unwritten law of the association, which has made possible this unanimous vote. It is simply always to have asked for our measures, irrespective of which party might be in power, the support of all members of the Legislature, on the ground that when philanthropy opens the door, politics should step out of the window. And the faith we hold, that our legislators, equally with ourselves, earnestly desire to alleviate and help the helpless, has been justified. For twenty years they have passed every law we have asked for, sooner or later, always as philanthropic measures, never as party measures. This testimony to our political leaders, to our representatives of all parties in the Legislature, is due and is gratefully acknowledged. Even through the stormy session of last winter, the only city reform measures of importance which were passed by unanimous vote were the two bills drafted by this association, one for the division of the Department of Charities and Correction into separate departments, the other the bill for giving better care to our dependent insane.

Not without amendment was this last bill passed. The amendments made by the Assembly had your consent and our full approval. In the Senate, on the contrary, an amendment in the form of a new section was added to the bill at the close of the session, which we deeply regretted, but were powerless to avert. It was occasioned by the fact that for two years, 1893 and 1894, under a former administration, New York city had refused to pay her share of the State taxes, duly assessed and levied for the support of the dependent insane of the State. The matter was and is still pending in the courts, where it would seem properly to belong. But in Albany, last winter, the Comptroller's office was embarrassed by the non-payment of these taxes. The sentiment of the Legislature was overwhelming that they were justly due and should be paid, with the result that the section, already referred to, was added to the bill. This section declared, in sub-

State Charities Aid Association — Annual Report.

stance, that the law should remain inoperative until the back taxes had been paid into the State treasury (section 15).

Thus amended, the bill was passed.

The hearing which followed at the City Hall, when members of this association appeared before you to urge your approval of the measure, with the subsequent fate of the bill, are of too recent date to be more than referred to.

Nor do we desire to dwell upon the various causes which combined to bring about the defeat of this, the most important philanthropic measure of the session. Only, in all justice, one must note the strange, sad paradox, that those who have been most criticised for failure to act upon this bill have been in full sympathy with its objects, and yet were unable, from conscientious scruples or constitutional requirement, to give it their official approval.

And now for the future. In a recent conversation you have assured me, as has also the counsel to the corporation, that we all agree in desiring to secure the care of the State for our dependent insane, in desiring to have our county asylums reorganized as a State hospital, and this as speedily as possible. How best, and how soon, can this be done?

My proposition is simply, with your approval, to ask the Legislature of 1896 to pass the Manhattan State Hospital bill over again, in the early days of the session — the identical bill which last spring received the unanimous vote of both Houses. One alteration in it would, however, be needed. By January, 1896, the litigation between the State and the city over the back taxes will undoubtedly have been determined by the Court of Appeals; consequently that disturbing element need not enter into the new proposed legislation. With this factor eliminated, you have already informed me, the bill of 1895 would have received your approval. I would now ask it for the same measure (less the fifteenth section), should the Legislature of 1896 be willing to pass the bill again.

State Charities Aid Association — Annual Report.

One other very important element in favor of the new bill would be that no appropriation would be needed to give effect to the law, and therefore it could go into operation immediately. It is not generally understood that the Manhattan State Hospital bill, had it become law, could not, under any conditions, have become operative before October 1st next, simply because there would have been no money in the State treasury for the maintenance of the hospital; the proceeds of the special tax levy of 1895 for the support of the insane not becoming available until October 1st, next, the beginning of the fiscal year for which the tax was levied.

We are assured by the State Commission in Lunacy that the proportion of this State tax levy, which the Legislature intended should be used for the insane of this city, amounts to not less than \$1,200,000, and that this money will not be used for any other purpose. If, therefore, the new bill should become law as early as February 1st (and we have no reason to doubt that for such a humane purpose, and one so urgently needed, the Legislature would consent to give it speedy passage), the object we hope for could be realized, after a delay of four months only.

To accomplish this object, the hearty co-operation of many persons must be obtained, and, first of all, that of the mayor of the city of New York.

Should you assent to this proposition, I am confident that the association can ask for, and will receive, assurances of support from other influential quarters, which will surely bring about the desired result before many months have elapsed. Thus, possibly as early as February 1, 1896, the Manhattan State Hospital may be able to open its doors, and our dependent insane receive thenceforth the improved care and comfort which the State provides and which they so much need.

Very respectfully yours,

LOUISA LEE SCHUYLER,

*Chairman Committee on Legislation for the Insane,
State Charities Aid Association.*

State Charities Aid Association — Annual Report.

Note.

As this report has been much delayed in publication, we are able to add here that the plan outlined above was carried out almost to the letter. The Manhattan State Hospital bill of 1896, almost identical with that of 1895, with the omission of section 15, was introduced in the Legislature of 1896, on the 2d of January, as an association measure. It passed both Houses January 15th; received the approval of Mayor Strong, and was signed by the Governor, January 28, 1896. Within ten days seven managers were appointed for the new State hospital, two of them women, all of them residents of New York city. On February 28, 1896, the New York city asylums were transferred to the State, and reorganized the same day as the "Manhattan State Hospital."

L. L. S.

APPENDIX.

NEW YORK CITY ASYLUMS FOR THE INSANE.

These asylums are situated on Ward's, Blackwell's and Hart's Islands, New York city, and at Central Islip, Suffolk county. They have been visited regularly during the year by the officers and members of the New York County Visiting Committee of the State Charities Aid Association.

The following is the report of the visiting committee upon these asylums, of date November 23, 1895:

Census of the New York City Asylums.

October 1, 1894, to October 1, 1895.

	Males.	Females.	Total.
Number of patients October 1, 1894. . . .	3,010	3,385	6,395
Admitted during the ensuing year. . . .	850	907	1,757
Total.	3,860	4,292	8,152

State Charities Aid Association—Annual Report.

	Males.	Females.	Total.
Discharged.	366	344	710
Died.	328	308	636
Remaining, October 1, 1895.	3,166	3,640	6,806
Average daily census	3,089	3,490	6,579

Capacity of the asylums:

Ward's Island	1,620	1,170	2,790
Hart's Island	200	1,102	1,302
Central Islip	581	179	760
Blackwell's Island		594	594
Total.	2,401	3,045	5,446

Distribution, October 1, 1895:

Ward's Island	2,143	1,329	3,472
Hart's Island	324	1,253	1,577
Central Islip	699	300	999
Blackwell's Island		758	758
Total.	3,166	3,640	6,806

Maximum number on any one day.	3,374	3,772	7,146
Minimum number on any one day.	2,828	3,245	6,073

Number of births			8
Number of deaths of mothers * confined at the asylums.			2

Table showing number of patients transferred from the city asylums during the year ending September 30, 1895, together with names of institutions to which they were transferred.

To city asylums:

	Males.	Females.	Total.
To Hart's Island	101	113	214
To Central Islip	349	264	613

* The medical superintendent states that in neither of these cases was the confinement a contributing cause of death.

State Charities Aid Association—Annual Report.

	Males.	Females.	Total.
To Ward's Island	1	3	4
To Blackwell's Island	120	120
Total.	451	500	951
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To United States immigration department.	3	13	16
To Kings county asylums	2	5	7
To State asylums:			
Middletown State Hospital	4	2	6
Hudson River State Hospital.....	1	4	5
Other State hospitals .....	.....	3	3
To private asylums:			
Darien Home and Sanitarium.....	15	27	42
Bloomingdale Asylum	3	4	7
Westport Sanitarium	4	2	6
Long Island Home	9	2	11
Other private asylums	4	13	17
Received from other institutions upon the islands:			
Almshouse, Blackwell's Island	64	143	197
Workhouse, Blackwell's Island	32	15	47
Metropolitan Hospital, Blackwell's Island.	15	5	20
City Hospital, Blackwell's Island.....	9	17	26
Randall's Island	1	4	5
Total.	121	174	295
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During the year ending October 1, 1895, the average daily census of the four city asylums taken together showed an increase of 305 patients over the average census of the preceding year, and there were 722 more patients (351 men, 371 women) at the end than at the beginning of the year. There were 83 more patients admitted than during the preceding year.

State Charities Aid Association—Annual Report.

Meanwhile the capacity of the asylums has been increased by 620, but on October 1st was still 1,360 below the number of patients confined in them; that is to say, one-fifth of the city's insane are occupying space which should be left to the other four-fifths. It is unnecessary to repeat what we have often said before, that many of the buildings thus occupied are unfit to receive insane patients at all.

Blackwell's Island Asylum.

It was stated in the last annual report that the few hundred patients remaining in the retreat and the two brick pavilions on Blackwell's Island were to be transferred to Ward's Island as soon as room could be made for them there. No steps have been taken to this end, but rather in the opposite direction. In June one of the day rooms of hall 10 was turned into a dormitory for demented women transferred from the almshouse; in August the board of commissioners resolved to repair some of the old abandoned wooden pavilions north of the Metropolitan Hospital, and to transfer to them women from the overcrowded quarters on Ward's Island. The work was rapidly and efficiently done under the direction of Superintendent Dunphy, of the workhouse, and five of these pavilions have been roofed, plastered, painted, provided with improved plumbing, and now present a fairly good appearance. On October 4th all of them were occupied by patients, although there were as yet no stoves nor gas fixtures in them.

Possibly, in the urgent need of more room, the utilization of these buildings was inevitable; but it strikes the visitors as a regrettable necessity. The buildings have no cellars, and it is doubtful whether in winter they can be kept warm and dry, even with the double windows which we are informed are to be put in. And at best they are merely shelters; there are no facilities for occupation or amusement, no day rooms, no prospect for the patients but monotonous confinement. For all the old equipments of the asylum—the amusement hall, the work-rooms, the laundry, the bath-house—are gone, or devoted to the uses of the Metropolitan Hospital. In the bath-house three tubs are reserved

State Charities Aid Association—Annual Report.

for the insane, of whom there were on October 1st, 758. The laundry a year ago was divided by a partition; the larger division was assigned to the work-house women who did the washing for the Metropolitan Hospital, the smaller to the insane, who, working in a crowded and ill-ventilated place, seemed to become more irritable and quarrelsome. The washing for the insane has recently been transferred to the work-house laundry, to the manifest advantage of the patients, but it is to be regretted that they should not have the benefit of this work under proper conditions. The kitchen is shared with the Metropolitan Hospital, and is always in uncomfortable confusion. All arrangements for amusement or instruction have been transferred to Ward's Island; there is not even any pleasant spot where the patients can be out of doors in summer. The only shade for those who occupy the retreat and halls L and M is that of the buildings themselves, and these shady places are for the most part covered with rough broken stones, the foundation for an unfinished road, which offer tempting missiles to inmates inclined to violence.

The retreat is much out of repair, and the plaster of several of its walls and ceilings is badly broken. The staircases leading from the top story which is occupied by attendants are of wood and steep,*and the other means of escape in case of a fire are inadequate. The attendants' quarters are crowded, and bare of comfort or conveniences.

The buildings are clean, the clothing seems comfortable, and the meat and vegetables, when seen, have been of apparently good quality.

Ward's Island Asylum.

Except the continuous increase of patients, there is little to note in this asylum. The repairing of the old buildings has gone slowly forward, and some of the new buildings already need repairs; visitors have reported roofs leaking badly, doors warped and cracked, flooring shrunk and gaping at the edges, ceilings cracked and plaster falling, and damp, ill-constructed cellars.

State Charities Aid Association—Annual Report.

In the Verplanck Hospital the ward lavatories are inadequate to the needs of the patients. There are about fifty-six patients for each lavatory, and at most six can crowd about the sink at one time; the lavatory contains also the slop sink, and all brushes, brooms and pails belonging to the ward are kept there, for want of any other place.

Forty attendants sleep on the upper floor of this building in a room 134 feet 4 inches long, by 36 feet 3 inches wide, which is divided into seventeen cubicles, with a passage way between about four feet wide; others have quarters over the carpenter's shop and the vegetable storehouse. There is need of a larger staff of attendants to care for the increased number of patients, but there is absolutely no space to put them in.

Proper classification of the patients is impracticable, because of the overcrowding; for the same reason the patients can not in general receive individual attention from the physicians. Patients needing special diet are placed in wards 7 and 8.

The laundry is crowded and uncomfortable. In January, February and March, 342,390 pieces were washed here, an average of 4,446 per working day; in April, May and June, 414,892 pieces, an average of 5,319 per working day.

The amusement hall was finished and opened in March, the patients giving an entertainment.

In May the four river pavilions were found newly painted, fresh and cheerful; the outlook from them was pleasant, and close at hand was a flower and vegetable garden in good order.

The last of the old straw mattresses were discarded on May 31st; all inmates of the asylum are now furnished with hair mattresses and pillows, made by the patients themselves and paid for in the course of two years out of the general maintenance account, without any special appropriation.

The per capita allowance for maintenance for the year 1895 was \$3 per week instead of \$2.74 as formerly. The dinner when seen has appeared to be plentiful and good, though there have been some complaints that the meat was of inferior quality.

State Charities Aid Association — Annual Report.

The clothing of the women has looked well; the old women transferred from the almshouse have seemed more comfortable in their new quarters.

Hart's Island Asylum.

There is little change to report in this asylum; it is always much crowded, and many of the old buildings are unfit for asylum use; but the patients, old chronic cases, appear tolerably contented and quiet.

Various repairs have been gradually made; the wards of the "north hospital" have been connected by covered ways, making a sheltered walk for wet weather, and several hundred chairs have been received. The supply of clothing is much improved.

An abundance of vegetables for the patients' use is raised in summer; all refuse grease is used in making soap.

For the 1,600 patients there are 150 attendants, and only three physicians, the distance from the city making positions there unpopular. A woman physician, Dr. Hills, was added to the staff last year, but has since gone away.

Central Islip Asylum.

The new brick pavillions, D, E and F are on the general plan of the wooden ones first erected, each consisting of three wards connected by open corridors, and with a dining-room in the rear of the center ward. It is stated that these buildings were "taken over" from the contractors on November 9, 1894, but on March 18, 1895, only D, 1 and E, 1 and 3 were occupied; D, 2 and D, 3 had no sewerage connection; F and E, 2 no electric light. All these buildings showed marks of poor construction; the plastering was already patched in places, the cement floors in several of the bath-rooms and closets had broken through and proved to be only a thin layer of cement spread over shavings and other rubbish; wooden floors were uneven, window frames out of line, and in the dining-room of group F the sky could be seen between the roof and the wall.

State Charities Aid Association —Annual Report.

At the boiler house, the walls at the end of boilers 1 and 2 were cracked, and it was said to be unsafe to use these boilers.

Of the old buildings, A, 1 and 3 are occupied by women; A, 2 has been turned into a dining-room for them, and the former dining-room of the group is made into a laundry, the old laundry being already too small for the needs of the institution.

All the buildings are connected with the central office by telephone.

The food and clothing of the patients appeared to be satisfactory. An abundant crop of vegetables has been raised by the labor of the patients, and beside what has been consumed here, large quantities have been sent to the Ward's and Hart's Island Asylums, at a trifling expense for transportation.

The whole number of lunatics in the care of the city on October 1, 1895, was 6,806, an increase of 411 since October 1, 1894; the capacity of the asylums was only 5,446, an increase of 620 during the year. The average daily census of the asylums for the year was 6,579, an increase of 305 over the average of the preceding year, and 182 more than the maximum of that year. The absolute necessity of additional shelter for the insane has brought about the re-occupation of the old abandoned pavilions at the north end of Blackwell's Island, five of which were, during the summer, repaired and fitted up to receive patients. This is obviously a backward step, a reversal of the declared policy of the department, under which the insane have been more and more completely separated from all other dependents, and placed under special and unified management.

The committee deeply regrets the failure to become law of the bill for the transfer to the State of the New York City Insane Asylums. That the insane of our city need extended accommodation, a higher standard of maintenance, more attendance and medical care has been recognized for years and has been again and again pronounced by competent authority after full investigation;

State Charities Aid Association—Annual Report.

yet the city has hitherto refused either to undertake the expenditure required to meet the need or to permit the State to assume the burden.

ROSALIE BUTLER,

*President New York County Visiting Committee
State Charities Aid Association.*

KINGS COUNTY ASYLUMS FOR THE INSANE.

These asylums are located at Flatbush, now a part of the city of Brooklyn, and at St. Johnland, in Suffolk county. The following extract is taken from the report of the Visiting Committee for Kings county of the State Charities Aid Association, of date, July, 1895:

Flatbush Asylum.

However long delayed and incommensurate the advantages gained by the St. Johnland extension may be, compared with the expectation and the enormous expense, the relief from the engrossing and constant necessity of providing for the crowd of patients at Flatbush has been the beginning of a happier condition there. The old building called "The Lodge" has been vacated, the pavillions are used as hospital wards for women, and the annex is devoted entirely to female patients. Parts of certain corridors in the main building, formerly filled up with beds, are now left free, so that patients have access to the windows and a chance to escape to a quiet corner and hide away, as many of them love to do. More sitting-rooms can be spared, and with fewer patients in a ward, it has been possible to introduce more furniture, pictures, table-cloths and plants; also a warmer and sunnier room is now reserved for hospital use.

Various improvements have been noted: Six capacious iron fire-escapes have been added to the main building, and different attendants have several times opened them for inspection, without any delay. The steam pipes and radiators have been covered with wire netting, a clock has been hung in every ward and in many of them ruffled pillow shams adorn the beds; a not unimportant trifle this, for some of the women like to make pretty

State Charities Aid Association — Annual Report.

things who will not touch the coarser work of the sewing-rooms, witness the countless yards of beautiful lace which not a few of them crotchet. The very pretty rag-carpeting made by the patients adds immensely to the improved appearance of the wards and among others so carpeted, the convalescent ward on the men's side must really be called a pleasant room; the only book-case for patients stands there; one of its shelves is ornamented with a long row of Harper's Magazines, nicely bound in leather and gilt-lettered by convicts at the penitentiary. An aquarium, stocked with goldfish, is cared for every day by a patient. The few tattered books on the women's side are kept in the clothes room of each ward. During the very cold weather in February the outside dining-hall was abandoned, and it then occurred to Dr. Sylvester to make it more attractive for the Sunday services and weekly entertainments held there; the result is now a neat, cheerful room, with the very interesting feature of decorative painting on the flies and rear wall of the stage, designed and executed entirely by one of the female patients, and consisting of tall india rubber plants, flowering shrubs and other objects which are really beautiful and appropriate, only the arrangement not altogether orderly.

In this hall may now be witnessed perhaps the most blessed innovation that ever broke in upon those stolid ranks, so sad to look upon — classes in calisthenics, conducted three times weekly since April 1, by a lady teacher, whose time is otherwise wholly occupied in the physical training of the crippled and diseased. More than forty from the men's side have been selected, and about as many of the women, for these lessons, given with the accompaniment of music on the new upright piano by an attendant from the female side, and violin accompaniment by a male attendant. Apparently the physical benefit must be incalculable to those so deprived of natural exercise, and not less valuable must be the happiness and self-forgetfulness so plainly depicted on the faces of these people, seeming to bring them back into the circle of our and their attendants' sympathy, and showing how

State Charities Aid Association—Annual Report.

much akin they are with us. They follow their leader with precision and animation, in spite of long skirts and tight coats and vests, and are as docile as any class could be. This experiment is being made at the suggestion of Miss Davenport, of the subcommittee on the insane.

Among the improvements must be noted the men's workshop, where we can see carpet-making in various stages, and the manufacture of mats, rugs, brooms, brushes and some other industries. Hanging on the wall is a large tableau of painted pansies, faithfully, though stiffly, copied from life — as by an unpractised hand; the amateur artist sits quietly beside his work, often reading, but never joining in any of the labor going on about him.

There is very noticeable improvement in the grade of nurses, and facilities for their rest and recreation are greatly needed. Among many other needs we are glad to know that Dr. Sylvester includes a bakery; for with that new provision we should hope to see not only good bread, but the dawn of a revolution in the cooking and in the whole character of the table. The food is abundant, and is heartily eaten by the majority of the patients; but there are many to whom the food and the way of serving it are not congenial, men and women possessing considerable refinement and discrimination. Those patients who love their books, who make pictures and tend their plants and bring into their rooms the pinecones from the lawn, who write poetry and carry on chronicles of imaginary events through the pages of great folios, in elegant penmanship, are perhaps abnormally sensitive, certainly they are not abnormally dull. Such improvements, too, would give attendants greater respect for their patients and for their own work. One of the pleasant things, as the days grow mild, is the sight of the men moving about on the lawn on front; the women, too, sometimes enjoy that pleasure. There is great need of more seats and "shelters," or summer-houses, in the women's exercise yards, inclosed in the rear.

The prospect of State Care for the Insane has acted as the needed stimulus to any hopeful effort for that class of the country's

State Charities Aid Association—Annual Report.

wards, and to this end we have done what we could, by our long petition signed by influential names, and through the presentation to the Supervisors made by Dr. Storrs last spring, of the arguments in favor of the step.

The effect of the strong assurance of general interest and support is already shown by the enthusiasm of the officers of the Asylum and by many signs of improvement, and it can not be long before we shall see exemplified there all that science has discovered and humanity elsewhere applied for the benefit of this dependent class,— or at least a rapid and constant progress in that direction.

ELIZA H. BROWN,

*Corresponding Secretary Kings County Visiting Committee,
State Charities Aid Association.*

CHAPTER 39.

State of New York—First Annual Report of the State Commission in Lunacy, 1889.

OFFICE OF THE STATE COMMISSION IN LUNACY, }
ALBANY, *January 29, 1890.*

To the Governor:

The enactment of chapter 283, Laws of 1889, to establish and organize the State Commission in Lunacy and to define its duties, must be deemed to have been a recognition by the people of the necessity of placing the relations of the State to its insane upon a more comprehensive basis than had before obtained, so as to secure better safeguards against possible abuses and wrongs in the commitment, custody and control of insane patients. The establishment of a new Commission, organized with direct regard to such a result, was the culmination of an agitation which has been in progress for a number of years, and it has clearly showed the intention of the people and of their representatives to pursue a policy which should finally and completely separate the insane from other objects of the State's charities.

The asylums of the State may properly be divided into three classes: The public, the quasi-public and the private.

1. The public asylums comprise State institutions, namely, those created and maintained by the State, in the following order of establishment:

(a.) New York State Lunatic Asylum, Utica; State Asylum for Insane Criminals, Auburn*; Willard Asylum for the Insane, Willard; Hudson River State Hospital, Poughkeepsie; State Homoeopathic Asylum, Middletown; Buffalo State Asylum, Buffalo; Binghamton Asylum for the Insane, Binghamton; State Emigrant

* New buildings for insane criminals are being erected at Matteawan, Dutchess county.

First Annual Report.

Hospital, New York; St. Lawrence Asylum, Ogdensburg (now in process of erection).

(b.) To these should be added two institutions closely allied namely, the State Idiot Asylum at Syracuse and the Custodial Asylum for Feeble-Minded Women at Newark, Wayne county.

(c.) The asylums of the counties of New York, Kings and Monroe, which by operation of law, are legally permitted to care for all their insane.

(d.) The poor-houses of the following counties, which by exemption from the operation of the Willard Act, through the State Board of Charities, have been permitted to care for certain of their chronic Insane; Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Queens, Suffolk, Tioga, Ulster, Wayne, Wyoming. [Clinton county exempted by special act of the Legislature.]

(e.) The poor-houses of the following non-exempted counties, which care for certain of their chronic insane without authority of law: Albany, Allegany, Cayuga, Chemung, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Livingston, Monroe, Montgomery, Niagara, Ontario, Orleans, Otsego, Putnam, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Seneca, Steuben, Sullivan, Tompkins, Warren, Washington, Westchester, Yates.

2. The quasi-public: Bloomingdale Asylum, New York city; Providence Asylum, Buffalo; and the Marshall Infirmary, Troy.

3. The private asylums: Long Island Home, Amityville; Brunswick Home, Amityville; Loudon Hall, Amityville; Keith Home, Brooklyn; Dr. Brown's Asylum, New York; Hill View, Lake George; Dr. Choate's Asylum, Pleasantville; Dr. Parsons' Home, Greenmont; Glen Mary Asylum, Owego; Sanford Hall, Flushing; Dr. Combes' Sanitarium, Woodhaven; Brigham Hall, Canandaigua; Highland Home, Highland; Dr. Kittredge's Asylum, Fishkill; St. Vincent's Retreat, Harrison.

The number of insane in custody under the above division on the 1st day of October, 1889, was as follows:

First Annual Report.

State asylums.	5,442
Counties of New York, Kings and Monroe.	6,970
Exempted counties.	1,848
Non-exempted counties.	385
City alms-houses.	6
Quasi-public.	541
Private asylums.	315
Total.	<u>15,507</u>
State Asylum for Idiots.	477
Custodial Asylum for Feeble-Minded Women.	<u>250</u>

The aggregate population of the foregoing is 15,507 insane, 477 idiots, 250 feeble-minded women.

WORK OF THE COMMISSION.

The Commission consists of three members, the statute requiring that one "shall be a reputable physician, a citizen of the State and a graduate of a regularly incorporated medical college, having been at least ten years in the actual practice of his profession and who has had experience in the care and treatment of the insane and in the management of institutions for the insane;" one "shall be a reputable member of the bar, of at least ten years' standing and a citizen of the State;" and the third shall be "a citizen of reputable character." The law thus provides, at least theoretically, for a central board to exercise general supervision and oversight over the application and operation of the lunacy statutes and qualified to regulate other matters pertaining to the welfare of the insane, whether of a medical, legal or business nature.

The Commission must meet as often as once in three months and at such other times as the exigencies of the service may require. It must keep records of the name and residence of each judge authorized to approve medical certificates of insanity and to commit insane persons to custody; also records of name, resi-

First Annual Report.

dence and certificates of every qualified medical examiner in lunacy.

It must, within one year, register in its office all insane persons in custody in every institution within the State at the date of the act (May 14, 1889), giving sex, name, age, nativity, occupation, etc.; also it must register the same and some additional facts concerning every insane person admitted to institutions since the passage of the act.

The whole Commission, or a majority thereof, at least twice in each year, must visit "every asylum and institution in which the insane are in legal custody in this State;" inspect every part of the buildings; examine records, methods of administration, dietary, stores, etc.; see every patient whenever practicable; examine attendants and employes; and confer with managers, trustees, or other authorities. At the close of each visit they must enter in a book provided for that purpose, their recommendations, and in case such recommendations are not carried out, they must proceed by methods marked out in the statute to enforce them.

The medical and legal commissioners must, soon after the close of each quarter of the year, visit each asylum and institution to which insane persons are admitted on certificates; must see each person admitted during the previous quarter and give each an opportunity to converse with them apart from the officers and attendants, if so desired; must examine the commitment of each patient admitted during the quarter to see if it be legally sufficient and if not, must direct the discharge of the patient; and must examine all the detained correspondence of patients and direct the forwarding or withholding of the same as their judgment may dictate.

The medical commissioner must visit all institutions where the chronic insane are in legal custody, once in each year; must see all patients therein, and give them an opportunity to converse with him privately; must examine the methods of bathing, dietary, occupations and amusements of patients, restraints used, hospital treatment, etc.; and must specially look into the night service and the condition of filthy, disturbed or violent patients.

First Annual Report.

The Commission, at its first visit to any licensed institution, must examine to see how far it is conducted in conformity to the terms of the license, and may amend or revoke any existing license.

The Commission must investigate cases of alleged wrongful detention in custody, or cruel or negligent treatment, and other like matters relating to care, keeping or supervision of the insane; if necessary, must issue process and examine witnesses under oath; in case of refusal or neglect by the authorities to obey any order that may be made, it must appeal to a justice of the Supreme Court for such further proceedings as may be necessary.

The Commission must annually report to the Governor its official action and such other facts in regard to the insane, as may be useful for his information.

It thus appears that the medical and legal commissioners are required to make 132 visits each year; that the medical commissioner is required to make twenty-two visits a year, and that the whole Commission, or a majority thereof, is required to make 106 visits; so that in all 260 visits must be made to the various institutions in the State. In view of the vast extent of the State and of the fact that the institutions to be visited are widely scattered over its area, the enormous amount of work appointed to be done by the Commission, under the terms of the statute, becomes apparent. It is forced to the conclusion that literal compliance with the requirements of the act would be physically impossible. The necessary labor incident to organization of the office and other details of the Commission's work, has consumed so much time that all the prescribed visits have not and could not be made; but its aim and effort has been to comply with the spirit and purpose of the law so far as lay in its power. The Commission is of opinion that the amount and frequency of visitation required by the present law is more than is necessary to enable it to properly exercise its visitorial functions; that two thorough visits a year to each of the institutions, together with the special visits that may be necessary from time to time, would accomplish all that is

First Annual Report.

needed in this direction. It might also be well to authorize visits by a single commissioner; hereby dividing and facilitating that branch of the Commission's work. It is feared that if such an amendment to the statute is not made, the Commission can not perform all the work for which it was created, as beside visiting institutions, there is a large amount of detail work which it is absolutely necessary should be performed, and which it will be impossible to perform if the time of the commissioners is to be spent in traveling. As before noted there can be no question but that, in creating the Commission the Legislature and the people must have designed to consolidate in its hands the supervision of the insane, and to establish for them a legal status entirely different from that of any other object of its charities; but the statute did not unequivocally transfer to the Commission all the powers and duties relating to the insane heretofore possessed by the State Board of Charities. The Commission would, therefore, suggest that such powers relating to the insane as may be found still belonging to the State Board of Charities should be devolved upon the Commission, to the end that the work of the two bodies can be entirely separated. In the present state of the case, uncertainty and confusion are inevitable. While the powers which the State Board of Charities can exercise over any matter relating to the insane are at most restricted within very narrow limits, yet they may be enough, when exercised independently of or in conflict with the Commission, to raise doubt and cause serious annoyance if not difficulty among managers, trustees or officers of institutions for the insane, especially of the exempted county poor-houses, some of whom have already expressed to the Commission a strong sense of embarrassment and trouble in deciding what they ought to do when, as may happen, a seemingly divided duty presents itself. It is neither proper nor just that these officers and managers should be subjected to visitation by two boards, nor that they should be required to make reports upon the same subject to two boards. All the powers and duties relating to the insane should be exercised by one board or the other, and it would seem

First Annual Report.

that the act of the Legislature in creating a State Commission in Lunacy raises a clear and strong presumption in favor of completely divorcing the State Board of Charities from all relations to or connections with insane. The charities of the State are large enough to furnish an ample field for all the energies of the two bodies, and there need be no difficulty in arranging this matter to their mutual satisfaction. In fact the Commission has no reason to believe that the State Board of Charities would not cordially assent to the proposition to divide the work as above suggested. As will be seen from his report about to be presented to the Legislature, the superintendent of one State institution complains that the time of his medical staff is largely taken up in furnishing information and carrying out the requests of various public officers of the State, and he very properly suggests that one report should be sufficient.

REGISTRATION OF THE INSANE.

Until the completion of the registration provided for by the act creating the Commission, it will be impossible to accurately state the number of insane in custody in the State. No person can be said to be insane who has not been legally so declared. The State takes no action in regard to persons supposed to be insane who have not been so adjudged. It is, therefore, not necessary to make any calculations or provisions in regard to such supposed insane persons, but it is necessary that the insane who are in actual custody should be properly registered, and therefore the provision by the statute for registration in the office of the Commission of all the insane in the State would appear to be a wise one. As this work is not required to be completed until a year has elapsed from the time of the passage of the act, the work has not yet been finished. This is due, in large part, to the fact that hundreds of insane persons were found in the various institutions for the care and treatment of the insane without certificates, or held under those that were defective. The Commission has been obliged to insist in all cases that such persons shall be examined in order to legally determine their insanity. As a result, hun-

First Annual Report

dreds of persons have been examined and certified as insane. After this work is wholly completed, it will be possible, for the first time in the history of the State, to give reliable information as to the number and classification of the insane in custody.

STATE ASYLUMS.

The State asylums, exclusive of two in process of construction, represent for lands, buildings, furniture, repairs, etc., a permanent investment by the State, up to October 1, 1889, amounting to \$7,361,614.38.

The annual disbursements for officers' salaries, clothing, and all ordinary expenditures for maintenance, closely approximate \$1,100,000.

The management of a system so vast, and the expenditure of such enormous sums of money may well excite the interest of the humblest citizen. Aside from the purposes which these institutions serve in ministering to the wants of suffering humanity their financial aspects are entitled to the most serious care and study. While some just complaint may possibly be made that a portion of the large sums appropriated by the State for the construction of these institutions has been improperly and perhaps wastefully expended, in the main the expenditure has been justified by the results obtained. It should be remembered, too, in any proper consideration of this subject, that a number of these institutions were erected at a time when the State was suffering most severely from the demoralizing effects of the civil war, and from the extravagance and corruption which always flow from violent civil commotion. It may be doubted, however, whether such vast sums were ever expended with less of public scandal and jobbery than were disclosed in the building of these asylums. Such examination of the subject as the Commission has been able to make, leads it to believe that any cause of complaint which may properly be made either as to the sums expended in the erection of the asylums, or as to those expended in the care and maintenance of the insane population contained therein, has been

First Annual Report.

the fault, almost entirely, of the system and not of the individuals administering it. It is the system rather than the individuals administering it to which we must chiefly look for results, good or bad. Any system, however good, may, be greatly impaired by the incompetency or dishonesty of those administering it; but, if it is bad, no good results need be expected, no matter how able or how zealous those who administer it may be.

With the exception of the State Lunatic Asylum, at Utica, which was opened in 1843, the State asylums are of comparatively recent origin. In fact, with that exception, they have all grown up during the past quarter of a century. A period of twenty-six years (if we except the State Asylum for Insane Criminals) elapsed between the opening of the first and second; but from that time the increase of these institutions has been comparatively rapid, and two others are now in process of erection.

The governmental system applied to the first State asylum for the insane was largely based on the ideas and information derived from the experience of other States and counties; its fundamental structure has remained unchanged, but various important modifications have been incorporated in it. Its general features were repeated in each of the other State asylums as they were successively organized under special acts, which, like their prototype, have been frequently amended or enlarged in subsequent statutes. Naturally, perhaps, inevitably, these several statutes, prepared and passed to meet particular purposes, have not been subject to any general oversight, and have not had due relation to the harmony or symmetry of a general policy, the result being that the lunacy laws of the State, so far as they affect these institutions, are in a confused and incongruous state, out of which doubt as to their meaning and effect frequently arises in the minds of judges and lawyers not less than of the lay public.

It is probably within the bounds of truth to say that the financial affairs of the State asylums for the insane can not be understood without a careful and long continued study of the accounts of each one. The financial methods prescribed in each organic

First Annual Report.

act or formulated by the officers in charge at each institution differ widely, and no sufficient effort seems to have been made to bring about uniformity in the systems of account. It should be possible for any person who thoroughly understands the system of one asylum to understand that of any other; and it would be so, were there a uniform system applying to all. It would then be possible to make useful comparisons between them. Certainly it can not be more difficult to unify the accounts of State institutions than to unify the accounts of a great railroad or other business corporation, having larger transactions and greater complexity of interests.

The systems of records and statistics in vogue at the several State asylums show the same lack of uniformity. They seem to have been developed according to the varying views of managers and superintendents, until to-day divergent features and forms are found to such an extent that, in order to make any intelligent comparison or get any valuable information, one must study separately and carefully the system of each institution. The statistics are of no value in themselves; it is only as deductions for future guidance or enlightenment can be drawn from them that they justify any outlay of time or money. There should be uniformity in the objects and methods for and by which these asylum statistics are gathered, or else their collection and compilation might as well be dropped.

It is the belief of the Commission that the system of both accounts and statistics at the State asylums can be unified, to the decided advantage of the State and the institutions, and it will be its aim to help secure this result. Indeed, it has already suggested a conference of asylum managers and superintendents with itself, with a view to agreement upon some uniform system of both accounts and statistical records, which step has been deferred only because of lack of time.

REVISION OF STATUTES RELATING TO THE INSANE.

While the Commission is of opinion that the statutes relating to the insane need some revision, it is not prepared to advocate

First Annual Report.

any radical change, but it is content for the present to call the Legislature's attention to those provisions relating to the government of institutions and to the property rights of the insane. It appears to the Commission, from the experience thus far had, that the statutes governing the commitment of patients need comparatively little amendment. The wisdom of that portion of the codification of the statutes adopted by the State in 1874, relating to the commitment of the insane, is now clearly apparent, and reflects the highest credit upon the authors of that revision. While the Commission has found numerous instances in which the commitment papers were defective, it has yet to find an instance in which a sane person has been incarcerated within an asylum, or where the certificate of lunacy was obtained through fraud, or with any wrongful intent. In nothing is the wisdom of the revision of 1874 shown more clearly than in the power that is given to establish forms and to regulate the requirements, within certain limits, necessary to legalize the commitment of a person to an asylum. The regulations authorized by this act of 1874 have remained in force to this time without amendment. Experience and new conditions demonstrate, however, that some modification of these requirements is now demanded, and the commission contemplates making such modification at an early date. When this action is taken, it is believed that little or no trouble will be experienced in the commitment of insane persons to asylums.

The laws governing the commitment of the insane should not be cumbersome to the extent of producing needless annoyance and undue publicity. While every safeguard should be provided to prevent the incarceration of a sane person in an asylum, care should also be taken that the statute should not be so difficult of interpretation and execution as to obstruct the reception of a person who needs immediate care and treatment. Moreover, of the hundreds of recently committed patients that came before the commission, there were none of whose insanity any reasonable doubt was felt. The present method of commitment is com-

First Annual Report.

paratively simple and easy of execution. The certificate of two physicians, approved by a judge of a court of record, is sufficient to procure the commitment of an insane person, although the judge may call a jury to determine the question, if he so desires, or he may require further evidence. When the statement is made, as it often is, that it is easy to procure the incarceration of a sane person in an asylum, it should be remembered that in order to accomplish such a result, there must be a conspiracy between at least four persons — the two certifying physicians, a judge of a court of record and the superintendent or medical officer of an asylum — all of whom are presumably disinterested parties. It may be admitted that mistakes in diagnosis of physicians may occur, yet even these are exceedingly rare, as is shown by the records of asylums. The commission, therefore, believes that under the power which it now possesses, whatever deficiencies exist in the matter of commitment to asylums can be remedied by the adoption of an improved form of certificate. It has been suggested, moreover, that no person should be committed to an asylum except upon a judicial order. It should not be forgotten that the approval of the certificate by a judge of a court of record constitutes a judicial order in every proper sense of the word; but it is urged that, if the approval now provided for is expressly termed in the statute an order, a judge would exercise more care, thus implying that judges are careless and indifferent about the performance of their duties so far as they relate to the spirit of the statute. In any event, a judge who would negligently or thoughtlessly approve a certificate of insanity, would negligently or improperly make a judicial order to the same effect.

OFFICIAL RESPONSIBILITY.

The superintendent or chief medical officer of every asylum should be clothed with the absolute power of appointment and removal of all officers subordinate to himself. It is doubtful if the best results can be obtained under any other system. As the law now stands, boards of managers or trustees of the State

First Annual Report.

asylums have the power of appointment of the superintendent. The power is also given them to appoint, on the nomination of the superintendent, all of the resident officers, so called, that is the assistant physicians, steward and matron; and while the superintendent may, for cause, temporarily suspend a resident officer, the right is reserved to the managers to confirm or disapprove such suspension. Instances are not wanting of discord between the superintendent and resident officers. This is not as it should be. The superintendent should be held to a strict accountability for the acts of his subordinates; but he can not be so held unless he is possessed of the power of appointment and removal. The existing method tends to weaken discipline, to produce a want of harmony and to create constant friction. The superintendent is appointed on the theory that he is competent for the position. If he is competent, he should be allowed to select and remove his subordinates. If he is not competent, he should not hold the position.

PRIVATE PATIENTS.

The policy of the State, certainly as it has been interpreted during the past few years, in relation to the admission of private patients into public asylums, in the judgment of the Commission, should be radically changed. It must be borne in mind that the State asylums were erected and are maintained solely for the benefit of the dependent insane. It never was intended, as the terms of the statute clearly indicate, that they should be used by persons able to pay for their own support, except under peculiar circumstances.

The statute is as follows: "Whenever there are vacancies in the asylum, the managers may authorize the superintendent to admit, under special agreement, such recent cases as may seek admission under peculiar afflictive circumstances, or which, in his opinion, promise speedy recovery."

It is difficult to understand the meaning of this statute, and to this extent there is a justification for the practice which has grown up with regard to private patients in certain cases; but the admis-

First Annual Report.

sion of wealthy private patients, who pay from ten to fifty dollars per week, and occupy an amount of room which might suffice for several patients, is clearly inadmissible. The class of patients who can afford to pay fifty or even twenty-five dollars per week, can readily obtain private care under competent physicians outside. This practice might not be so objectionable if the asylums were not over-crowded, while a large number of insane poor are still confined in county poorhouses. To exclude such private patients may sometimes be a hardship, but unless the State's policy in this matter is to be changed from what a fair interpretation of the statutes shows it to be, the admission of such patients should be discontinued. It may be said that not a very large number of them are now admitted, but such as are admitted occupy an amount of space which might more properly be accorded to the class for whom the asylums were established. It is suggested that the remedy for this evil lies in the State prohibiting a private patient from paying a greater sum than the sum charged for the support of the so-called pauper and indigent insane, and limiting the accommodations furnished such private patients to a similar scale. If private patients desire to come in under such terms and are given the same amount of room-space as the so-called pauper and indigent patients, and the "circumstances" are such as the statute contemplates, there would seem to be no objection to the practice. The Commission is aware that, on behalf of receiving wealthy patients, it is urged that the State is a gainer pecuniarily, and that the profit derived from such patients inures to the benefit of all. It is questionable, however, whether a careful examination would bear out this hypothesis. Patients who pay as much as twenty-five or fifty dollars per week, usually receive the care of one or more attendants, and are allowed an extra amount of room, also the use of more expensive furniture, a more generous diet, etc. There is another side to the question which should not be forgotten, and that is that the State should not permit even the suspicion that class distinctions prevail in one of its public institutions. The insane poor should not be subjected to comparisons which are inevitably made between their condition and

First Annual Report.

that of the wealthy patients constantly under their observation. A public asylum for the insane should provide the same treatment and care and the same comforts to all its inmates, no matter what their pecuniary condition may be.

There appears to be a wide diversity of opinion in relation to the propriety of the State making provision for and taking care of the rich class of private patients. The question at this time, however, is not to be determined upon an ideal theory, but upon the law and facts as they now exist. The asylums are crowded, and there are hundreds of insane poor yet to be provided for, and the law says that private patients shall only be admitted under peculiar circumstances. These asylums were established for the insane poor. Therefore, if both classes can not be accommodated, the private patients must give way to the class for which the asylums were intended. It has been suggested that the State should establish asylums for private or paying patients, and that such patients should not be denied the great benefits which accrue from asylum treatment as furnished by the State, but it may be answered that the State has never shown a disposition to adopt such a policy. Future experience may demonstrate the propriety of the State entering upon a different course than that which the present law contemplates, but until that is done, the law as it exists should be obeyed, or at least not evaded, no matter how worthy the motives or humane the impulse of those who believe in a liberal construction of the statute towards private or paying patients.

In connection with this subject, it may be stated, that by a recent amendment to the English lunacy laws, to take effect this year, provision is made for the admission of private patients to public asylums upon such terms as the governing boards may think fit. Power is also given to such boards to make alterations and additions required for the accommodation of private patients, subject to the approval of a Secretary of State; or private patients may be provided with a distinct, separate asylum; and a class of private asylums known as "licensed houses" may be purchased and placed under local authority.

First Annual Report.

DISCHARGE OF INSANE FROM CUSTODY.

Strangely enough, as it seems to the Commission, the insane, so far as being discharged from custody is concerned, are placed by the statute upon the same footing as a certain grade of criminals who are confined in penal institutions under indefinite sentences. For example, the original act governing the State asylum at Utica, provided and still provides that an inmate shall only be discharged on the order of the board of managers. So far as the insane in county poor-houses are concerned, they can be lawfully discharged only on the order of a county judge. The fact seems to have been entirely lost sight of that the question of insanity is purely one of fact; that the power to deprive a person of liberty by reason of insanity is given by the statute mainly for the purpose of securing to him an opportunity for proper treatment, and that the instant a person ceases to be insane, the State has no longer any right to keep him in custody. The moment it is determined by competent authority that a person is sane, he should be at once discharged from legal custody, no matter what his condition in other respects may be. One result of this statute has been that in many instances it is disobeyed. For example, the managers and superintendent, realizing its injustice, have evaded it, justifiably as they doubtless think, by "furloughing" or paroling a patient and afterwards formally discharging him. It is a question that can only be determined by the medical officers. A patient who, in the judgment of the chief medical officer, has recovered, should not be obliged to wait a moment after such officer has determined that he has recovered and may be properly discharged. It is difficult to discover upon what grounds such statutes were ever enacted. During the visits of the Commission this matter has been frequently discussed with the medical officers of asylums, and in no instance has an explanation been suggested. On the contrary, they agree that the statute in this respect should be changed. The Commission, therefore, recommends that the statute be amended so as to vest the power of absolute discharge in the chief medical officer of an asylum.

First Annual Report.

LAWS RELATING TO THE CHRONIC INSANE.

It is believed that the medical profession are now substantially agreed in holding that all medical and legal distinctions among the insane should be abolished — in other words, that all statutes tending to fix chronicity on any insane person should be repealed, and that differences of treatment based on that term should be harmonized. To state the matter more precisely, all insane persons should be treated solely with reference to the cure of their disease, and the State's purpose and effort to secure, if possible, the restoration of every patient should never be abandoned. To this end, the Commission advises that legal restrictions or regulations applying to the chronic insane asylums be so far modified as to admit of the reception and treatment in them of persons who have recently become insane, and that the statutory provisions recognizing the distinction above set forth be repealed.

TRANSFER OF THE INSANE.

Under existing law, with certain exceptions, there is no provision for the transfer of an insane person, other than a criminal, from one asylum to another. This is oftentimes desirable. For example, that a patient committed to a State asylum should be transferred to a private asylum, or *vice versa*; or that a person committed to one private asylum be transferred to another. Such transfer, however, should be surrounded with proper safeguards, and there would seem to be no objection to the statute providing for such a transfer upon the approval of the Commission. Under the laws governing the prisons of the State, a convict may be transferred upon the order of the Superintendent of Prisons from one prison to another, and there is no reason why the same principle should not apply to the insane.

REMOVAL OF THE INSANE FROM THEIR HOMES TO ASYLUMS.

The system which is now permitted by law of transporting the so-called pauper or dependent insane from their homes to asylums, in the judgment of the Commission, should be changed.

First Annual Report.

Examination of the subject reveals the fact that in most instances such insane are transported to the asylum by local officers, who receive a certain compensation depending upon the number of miles traveled; also, certain fees prescribed or provided for by law. This practice should be condemned, because it is open to grave abuses. There should be no inducement for any class of officials to desire to take the longest route, or to make more than one trip in transporting the insane. An informal complaint was recently made to the Commission that, frequently, patients suffering from recent insanity were taken in the first instance to the county poor-house; left there for a few days, and then removed to the asylum, and this for the purpose, as the complainant informed the Commission, of making extra fees and mileage.

The statute should also be amended so as to provide that in the case of the transfer of women patients they should be accompanied in all cases by a woman, since such patients require certain attentions which properly can not be given by men.

It even happens, too, that it becomes necessary to remain over night upon the route, and it is then especially that a woman attendant should always be present. It is suggested that the system which prevails in the State of Massachusetts and at the New York State Reformatory of sending experienced officers to take charge of convicted persons might be applied with advantage to the insane.

SERVICE OF LEGAL PAPERS UPON THE INSANE.

The statute should specifically prescribe how and by whom civil process of any kind should be served upon inmates of an asylum. The attention of the Commission having been called to the matter, it finds that there are no special provisions of law relating to the subject. In the absence of a judicial order, the matter now rests entirely in the discretion of managers or superintendents. In some instances, no doubt, when process is served, care is taken that friends or relatives or a committee be notified, and a proper entry made upon the books; in other cases no such

First Annual Report.

precautions would appear to have been taken. It has been stated that process was permitted to be served by attorneys' clerks, in fact, it has sometimes been served by officers or attendants of an asylum, to whom it had been given with a request that the same be served. It need hardly be pointed out that under such conditions great and oftentimes lasting injustice may be done to a helpless class of people. It is suggested that under no circumstances should process be served except by a public officer and upon the direction of the court, which shall have been informed that the person is in custody in an asylum.

DISCHARGE OF PUBLIC PATIENTS ON BONDS.

It is evident that the statutory provision for the discharge on bonds of patients committed as paupers needs revision. An examination discloses the fact that the bonds given in such cases are very seldom enforced, and that bonds are often presented in which the penalty is merely nominal. Either the practice of giving bonds for the discharge of unrecovered patients into the custody of friends or relatives should be discontinued, or the statute should be amended so that the bonds may be forfeited and collected. If a patient is to be discharged unrecovered, the State has a right to see that he shall be placed under proper control; that the public shall not be exposed to his depredations, and that he shall be comfortably cared for without further public charge. Then, too, the county or town should not be put to the additional expense of recommitting an insane person who has been discharged unrecovered upon a bond. It has been urged that a minimum sum should be fixed so that the practice of giving nominal bonds may cease. In short, as above stated, the whole practice should either be discontinued, or the statute should be amended so that it can and will be enforced.

HABEAS CORPUS.

Complaint has been made to the Commission that frequently courts, upon the return of a writ of *habeas corpus*, sued out for

First Annual Report.

the discharge of an insane person from an asylum, decline to examine the medical record or permit the medical officer of such institution to be sworn. This is a matter which should receive the attention of the Legislature. While no restrictions should be interposed to prevent the discharge of a person from imprisonment under a writ of *habeas corpus*, except in the cases specified by statute, there should be no authority in the court to discharge a person from the custody of an asylum without first informing itself of the mental and physical condition of such person, nor to determine whether it is safe, legal and right to do so. Instances are by no means rare of dangerous insane persons being discharged under *habeas corpus*. The public should not be subjected to such a risk without being apprised of its danger. Surely the testimony of a medical officer and the production of a record need not restrain a court from discharging a patient if it chose to do so, while they might serve to supply the court with full information, and therefore put upon it full responsibility.

INSANE STATE PAUPERS.

Within a comparatively recent period the Legislature has made provision for the disposal of so-called State paupers; in other words, paupers found without a legal residence, by authorizing their removal to certain institutions to be designated State almshouses. In this act provision was also made for such of the so-called State paupers as were found to be insane or should become insane thereafter. Under the operation of this statute there are a large number of State paupers in custody in different county poor-houses. An examination of the matter disclosed the fact that, under the contract entered into by the State in at least one instance the State pays precisely the same sum for the support of the sane pauper that is paid for the insane pauper, and thus the State seems to countenance the idea that the insane paupers require no better care than the sane. This proposition could scarcely be maintained without admitting that the State insane asylum system serves no useful purpose. The Commission

First Annual Report.

suggests that the State insane paupers be placed under the control and supervision of the Commission, and that it be given full authority to make such provision for them as is afforded by the State to the so-called pauper insane who are chargeable to counties or towns.

STATE SUPERVISION OF THE INSANE.

Of all the questions which have been under consideration relating to the care and treatment of the insane, the Commission regards this as the most important. It is a matter of such vital consequence that no reasonable effort should be spared to bring about its speedy determination. The care and treatment of the insane is not one of those problems that can be left to work itself out. It is not a case to which several policies can be successfully applied. In fact, only two have been seriously proposed. In the settlement of some public questions the matter of a few years would not make any material difference, but this is not one of them. The question of the proper method of caring for the insane is of immediate importance and one that should enlist the earnest and thoughtful sympathy of every humane person who has ever given it serious consideration. There are in the State to-day hundreds of persons whose welfare will be immediately and permanently affected by any conclusion that may be reached, and, whatever it is, it can not fail to vitally affect the physical well-being, the happiness, as well as the possibility of restoration to reason and liberty, of thousands of human beings, representing the most unfortunate and afflicted class in the community.

Among many grave problems which confront the State to-day, there is probably none that rivals in either social or economical importance, the question of proper care and treatment of the vast numbers who are suffering from the most serious, the most dangerous and far-reaching in effect of all diseases known to medical science; a disease involving a loss of that which alone distinguishes man from the lower animals, namely, his intellectual faculties.

First Annual Report.

This being true, it follows as a logical sequence that the State should promptly adopt and persistently follow some definite policy in dealing with the question. Indeed, such a course is urgently demanded by the present state of medical knowledge of this disease, derived from experience and observation for the past half century; and so believing the Commission, in the interest not less of humanity and justice than of true economy, feel strongly impelled to urge that steps be taken at the present session of the Legislature towards formulating a policy which, while comprehending the best results thus far attained in the scientific study of the question, and elastic enough to readily assimilate discoveries or new ideas, evolved from future investigation and progress, shall have the further merit of fixedness.

In the treatment of this subject there are some considerations which, in the judgment of the Commission, properly precede any rational discussion of the matter:

1. Insanity is a physical disease, requiring in most cases hospital care and treatment. It seems strange that it should be necessary to make this statement, yet it is clearly apparent that there is great confusion in the public mind upon the subject. Large numbers of people believe that a person may be insane and yet in possession of perfect bodily health; in other words, that insanity may involve only mental faculties. This theory is no longer accepted by students of insanity, whose knowledge of the subject is based on study of the physiology and pathology of the brain and competent observation of the phenomena of this disease, but is a relic of an earlier age when insanity was regarded by even the medical profession itself as a moral rather than a physical disorder; and it is only within the past century that it has come to be regarded as a purely physical ailment, requiring medical care and treatment for its alleviation and cure.

This misapprehension doubtless arose largely from the fact that the majority of the insane under treatment are usually able to be up and about, many of them apparently engaging with ease in various occupations, and oftentimes exhibiting unusual bodily and

First Annual Report.

mental activity, even to the extent in some cases of requiring the combined efforts of several individuals to control the violent and destructive tendencies and movements of one unfortunate sufferer.

It is difficult for the ordinary observer to appreciate the fact that these manifestations of excessive physical and mental vigor are due to a morbid state of nervous excitement which rapidly expends itself, leaving the person in a state of weakness and exhaustion and often greatly jeopardizing the chances of recovery.

It should be understood at the outset that, strictly speaking, there is no such thing as disease of the mind. Insanity of whatever form is but a symptom of disease or disturbance of the brain, the organ through which the operations of the mind are made manifest to us. Insanity should not be regarded as a mere passing whim or fancy; neither is it eccentricity; nor are half the world, as some carelessly assert, more or less insane. On the contrary, its existence is ever and always a most significant fact. It is a grave malady, having its characteristic signs and symptoms, stages and manifestations, as have other diseases; and like them its diagnostic traits are not necessarily present in every case. The group of mental symptoms which we designate insanity is merely the outward expression on the mental side of certain morbid or diseased processes going on within the brain, which is the material organ of the mind. Neither do all diseases of the brain constitute insanity. It is only when those portions of the brain which regulate and preside over the higher or intellectual faculties are invaded by disease that the operations of the mind become perverted; in other words, the integrity of the mental functions depends entirely upon the healthy activity of the physical organization.

Insanity, therefore, may properly be regarded as a physical disorder, an actual disease or disturbance of the brain, governed by the same general laws and to be studied in the same way as are other diseases, especially those of a nervous type, to which class of affections it properly belongs.

First Annual Report.

Much of the misapprehension in regard to insanity is attributable to the fact that persons suffering from this disease do not, as a rule, require treatment in bed. Hence, inexperienced persons frequently maintain that such patients need nothing more than seclusion and restraint. To the skilled observer, however, and more especially to those who have had practical experience in the care and treatment of the insane, the physical symptoms of the disease, such as sleeplessness, alterations of the secretions, disturbances of the bodily sensations, roughened skin, sluggish circulation, constipation, perverted appetite, and other evidences of impairment of the bodily functions, which are present in greater or lesser degree, all serve to indicate the necessity of the intelligent application of prompt and continuous medical care and treatment. Ignorance of the fact that the insane are always physically diseased, has doubtless led to the misapplication of a large amount of time and money, and to misdirected efforts looking to the care and treatment of this afflicted class, thereby preventing the cure of many unfortunates and occasioning a loss to the State of the earning capacity of many, who, had their malady been rightly understood, would probably have been restored to years of useful citizenship. Ignorance of this fact, too, has undoubtedly led to the belief that the insane could regularly perform manual labor without detriment, in fact, with benefit to themselves, it being thoughtlessly claimed that the exhibitions of strength and energy, which insane persons often display, might well be spent in useful labor. In answer to this it may be said that many apparently able-bodied patients are, by reason of their condition, wholly incapable of continuous effort, notwithstanding their willingness or even desire to engage in labor; and to permit or require them to work would tend to aggravate their condition, and, possibly, destroy the chance of their restoration to reason. Such cases need and should be given careful nursing and treatment, especially in the line of measures that are calculated to repress their morbid energy and activity. Certainly, it would be an error to assume that such cases are suffering only from disturbances of the mental faculties and are otherwise possessed of their usual bodily health.

First Annual Report.

2. Within the past half century, when insanity came to be regarded solely as a physical disorder, amenable to medical treatment, it was believed that the chances of recovery from mental disease were so slight, after the lapse of a considerable period, that the insane might properly be divided into two classes, namely, those suffering from acute and those suffering from chronic insanity. Acting upon this view of the subject, and with the concurrence of a portion of the medical profession of that time, the Legislature of the State divided insanity into two such classes. One of the earliest statutes of this State on the subject, perhaps the earliest, is to be found in the act incorporating the State Lunatic Asylum, at Utica, which provides as follows:

“The managers * * * may send back, to the poor-house of the county whence he came, any patient admitted as ‘dangerous,’ who has been one year in the asylum, upon the superintendent’s certificate, that he is harmless and will probably continue so, and not likely to be improved by further treatment in the asylum, or when the asylum is full, upon a certificate that he is manifestly incurable, and can probably be rendered comfortable at the poor-house.”

From the date of the enactment of the above statute, this legal distinction has continued, and unfortunately it exists as a medical distinction in the minds of many who believe that it is possible after a greater or less length of time to determine definitely the question of recovery of a person afflicted with insanity. In fact, it has been the policy of the State since the enactment of the statute until the present time, to make a separate provision for that class of insane known as chronic — the latter term being commonly but erroneously understood by many to mean the same as incurable. The progress of medical science, however, it is believed, has established beyond dispute that, except in a few instances, it cannot be determined to a certainty that a case of insanity is beyond recovery. It is unquestionably true, however, that the largest percentage of recoveries occurs in those cases

First Annual Report.

which are most promptly placed under proper treatment; and it is also true that a considerable proportion of persons afflicted with insanity recover after a prolonged period of years of medical treatment. Indeed, the solution of this whole difficulty would be reasonably clear, if it could be known with absolute certainty that, after being insane for a certain number of years, a person would never recover his reason. His care and treatment would then become a mere matter of maintenance and restraint, and his treatment need be nothing more than merely custodial. But the solution of this difficulty is not so easy. As above stated, it has been demonstrated beyond question in those forms of insanity which embrace a majority of the insane that neither law nor science has yet been able to positively determine that the victim of mental disease after a given length of time will never recover. This being conceded, it follows that, laying aside all questions of morality, of humanity, of sympathy or of pity, the true economy of the State demands that the utmost effort be put forth to secure to the insane that method of care and treatment which promises the best results, to cure the curable and to improve the condition of the incurable. Statistics show that the average duration of the life of an insane person is about twelve years, and, according to Horace Mann and Dr. Alexander H. Stephens, in the development of the wealth of a State the life of each individual has a financial value of \$150 per year, which value has materially increased since their day. It may also be fairly assumed that the average cost of the proper maintenance of insane persons amounts to the sum of \$200 per annum. It, therefore, appears that the State, in the one instance, loses not only the cost of maintaining such persons under peculiar circumstances, but also his earnings for a period of twelve years, while in the other it would gain his earnings for a like period of time. An insane person, therefore, represents a loss for this period of time of \$4,200, while a sane person for a like period of time represents a gain of \$1,800. It only requires a presentation of such figures to clearly show the pecuniary importance as regards taxation of making every possible effort to relieve the State

First Annual Report.

from the serious burden laid upon it by this disease. It is clearly evident then that the insane should be placed amid such surroundings and under such treatment as will enable the State to take advantage of the slightest evidence of returning reason; to grasp the smallest opportunity presented to rescue the unfortunate sufferer from a malady which is worse than death. In a word, none should be abandoned as "hopeless lunatics." It is a sad fact to contemplate that the decree of chronicity pronounced in obedience to statutory law has had the effect in some cases of destroying the chances of recovery.

3. Very improperly, as it seems to the Commission, the major part of the insane that are cared for at public expense are classed as "pauper insane;" but it is an indisputable fact that the term "pauper" can properly be applied to only an exceedingly small per centum of the whole number so classed. In legal parlance and in conformity to the statute, it may be necessary to classify all insane persons who are cared for at the public expense as paupers, but in a moral sense to do so is the grossest injustice. The word (pauper), perhaps deservedly, carries with it stigma and disgrace. It signifies, and is generally held to mean in its true sense, a person who is unwilling to provide his own means of support, but, unfortunately, the term as commonly used includes a large number who, through no fault of their own, become charges upon the public bounty. It has been estimated by high authority that about seventy-five per centum of the so-called pauper insane were not paupers in the true sense of the word before their malady came upon them, and to say, therefore, that any treatment they may chance to get is as good as they deserve is to say that which is not borne out either by truth or justice. These people are among the most unfortunate of God's creatures; they are doubly afflicted; many of them are unable to make themselves understood or to cry out against wrongs which they may keenly feel. It is a cruel injustice to make no better provision for these people than that which is accorded to the ordinary inmate of the alms-house. Large numbers of these insane persons before becoming public charges were

First Annual Report.

patients in private asylums or private patients in the public asylums of the State, whose support was paid either from their own hard-earned savings or through the generosity of friends. When these savings became exhausted or when the zeal of friends abated, these patients naturally became objects of public charity, but, notwithstanding their misfortune, they should not be regarded or treated as ordinary paupers. It should not be forgotten, too, that many of these people were formerly taxpayers and continued to be so up to the time of their malady. There is nothing more pitiful than to find mothers who have succumbed to the burdens of child-bearing and the responsibilities and anxieties incident to rearing a large family, or over-worked fathers whose minds have given way under great mental strain, inmates of asylums, cared for at the public expense and denominated as "paupers." Such persons, if suffering from any other form of disease, might be cared for by friends or by members of their own family, but the violence and disorder which often accompany mental disease necessitates their confinement in an asylum where they are often unjustly compelled to bear the stigma of pauperism. Insanity is usually a disease of such long duration that in a majority of cases even the moderate sum charged per week for care and treatment at an asylum can not be borne for more than a comparatively short period of the time during which confinement is necessary. It is well understood that many of even self-supporting people do not possess any great amount of means over and above their present needs, so that the hardworking mechanic, farmer, teacher or laborer, if attacked by this dire disease, might necessarily be obliged to become in a short time a beneficiary of the public.

The Commission desires to strongly emphasize this point, for it believes it to be one worthy of most serious consideration in determining the kind and quality of treatment which the so-called pauper insane should receive. It is well aware that the public mind is accustomed to regard all persons supported by public charity as paupers. It is also aware that not even the amount of sympathy which perhaps ought to be extended is given to the

First Annual Report.

unfortunate pauper, and it is with a view of having this question more thoroughly understood that this point is so strongly dwelt upon. The fact should not for one instant be overlooked that the status of the sane pauper is entirely different, both socially and legally, from that of the pauper who is insane. In the case of the former, he is free to leave his surroundings if they are unsatisfactory; he is competent to make his complaints known. The only condition imposed is that he who receives the public aid, must receive it in the manner prescribed by the officials of the public. Not so with the so-called insane pauper. He is deprived, by the judgment of law, of his liberty, as an incident to his treatment; he is confined for the public safety as well as for his own; he is not free to leave his surroundings; he is oftentimes unable to make his complaints known or understood; he lacks coherency; the disorder of his mind causes him to be misunderstood and disbelieved; in a word, he is often regarded as being incapable of expressing his thoughts; in fact, he often is absolutely incapable of doing so by reason of his disease. Therefore, even admitting that an insane person is a genuine pauper, it can not be held that there is any real analogy between the sane pauper and himself; hence, if it can be conceded that there is any justification for ill-treatment or lack of treatment which the sane pauper sometimes receives, it is manifestly unjust to extend such treatment to the so-called insane pauper.

The first effort toward intervention by the State in the care of the insane appears to have been made by Governor Throop in his message sent to the Legislature in January, 1830. In this message the Governor very pointedly called attention to the privation and neglect to which the insane were subjected in the county poor-houses throughout the State, and concluded by saying that "No restoration can be had under any such circumstances; indeed, the instances are not rare of persons slightly deranged becoming incurable maniacs by these injudicious means." In pursuance of this message in favor of State intervention, the Assembly soon afterward adopted a resolution

First Annual Report.

requiring the standing committee on charitable institutions to inquire into the propriety of making further provision for ameliorating the condition of the insane poor. No action, however, was taken upon the report of this committee. During the next year a special committee was again appointed, but no legislative action was taken. The next year, 1832, Governor Throop again called attention to the condition of the pauper insane. A special committee was appointed. This committee reported in favor of making State provision for the insane, accompanying their report with a bill for that purpose. The matter then rested until 1834, when Governor Marcy called the attention of the Legislature to the subject, making an earnest appeal in behalf of the insane poor. Committees were appointed this year and the following year, yet no action was taken. In 1836, however, a memorial was presented to the Legislature from the State Medical Society praying for the erection of a suitable State asylum for the insane. This memorial seems to have finally accomplished the long desired object, and during that year the first act was passed providing for the establishment of the New York State Lunatic Asylum. This institution, however, was not opened for the reception of patients until the 16th of January, 1843. With the establishment of this asylum the first step was taken toward the care of the insane by the State, thus recognizing the principle of State care. The asylum, however, in the course of a few years was filled, and it became necessary to provide for the return to the poor-houses of patients who had received what was then supposed to be the limit of beneficial treatment. It soon became apparent that the insane, when received back into the poor-houses, were treated as ordinary paupers, the character of their malady being ignored, and they receiving precisely the same attention as paupers received, no better. In other words, the insane were pauperized in the matter of food, clothing, treatment, surroundings, etc., were left to the chance care of paupers, and when they became too disgusting they were thrust away into dark and out of the way places like any other offensive thing. One can

First Annual Report.

readily imagine what the treatment in the poor-houses of that time must have been. It is not strange, therefore, that public attention was soon aroused, nor that it led to an agitation which went on increasing in force until it resulted in the adoption by the State of the principle that it would care for all the insane poor within its borders, with certain exceptions, which will be noted further on.

The superintendents of the poor in 1855, in State convention, adopted the following resolutions:

“Resolved, That the State should make ample and suitable provision for all of its insane not in a condition to reside in private families.

“Resolved, That no insane person should be treated, or in any way taken care of, in any county poor-house, alms-house, or other receptacle provided for and in which paupers are maintained or supported.”

These resolutions undoubtedly contributed powerfully to stimulate the agitation which was soon to become so formidable in behalf of the unfortunate so-called pauper insane.

By chapter 418 of the Laws of 1864, the Legislature provided for obtaining statistics for the purpose of determining the expediency of organizing a special asylum for the chronic insane. Pursuant to the provisions of this act, the late Dr. Sylvester D. Willard, as secretary of the Medical Society of the State of New York, investigated and reported upon the condition of the insane poor in the various poor-houses, alms-houses, insane asylums, and other institutions where the insane poor were kept, not including however, such institutions as were required by law to report to the Legislature. The lapse of a quarter of a century has not dimmed the recollection of this remarkable report, which so graphically portrayed human misery, degradation and wretchedness, and which wrung a cry of distress from every philanthropist. A portion of this report, even after this lapse of time, is still worthy of reproduction, as showing what the condition of the insane poor must have been at that time:

First Annual Report.

“In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts, instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw, like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them; they are pauper lunatics, and shut out from the charity of the world where they could at least beg shoes. Insane, in a narrow cell, perhaps without clothing, sleeping on straw or in a bunk, receiving air and light and warmth only through a diamond hole through a rough, prison-like door, bereft of sympathy and of social life, except it be with a fellow lunatic, without a cheering influence or a bright hope of the future! * * * The violent have only to rave and become more violent, and pace in madness their miserable apartments. These institutions afford no possible means for the various grades of the insane; the old and the young, the timid and the brazen, the sick, the feeble and the violent, are herded together without distinction to the character or degree of their madness, and the natural tendency is for all to become irretrievably worse. * * * In some violent cases the clothing is torn and strewed about the apartments, and the lunatics continue to exist in wretched nakedness, having no clothing, and sleeping upon straw, wet and filthy with excrement, and unchanged for several days. * * * Can any picture be more dismal and yet it is not overdrawn.”

This report produced the effect which might naturally have been expected. It resulted in the passage by a very heavy vote of both branches of the Legislature of what is known as the “Willard Asylum Act.” This act provided for the establishment of a State asylum for the chronic insane.

The Legislature, by the deliberate passage of this act, prohibited all the counties in the State, excepting New York, Kings and Monroe, from thereafter caring for their chronic insane; it had previously, by the act creating the Utica asylum, prohibited them from caring for their acute insane, and thus the State finally and

First Annual Report.

unequivocally adopted the policy of State care for all of its insane poor. Section 10 of the act provided as follows:

“Section 10. The chronic pauper insane from the poor-houses of the counties that shall be designated, as provided by section nine hereof, shall be sent to the said asylum by the county superintendents of the poor, and all chronic insane pauper patients who may be discharged, not recovered, from the State Lunatic Asylum and who continue a public charge, shall be sent to the asylum for the insane hereby created, and all such patients shall be a charge upon the respective counties from which they are sent.”

Upon the passage of this act the work of building the Willard Asylum was carried on as rapidly as possible, the institution receiving its first patients October 13, 1869. The asylum was rapidly filled to its utmost capacity and soon became overcrowded. At this time the debt incurred by the State in aiding the prosecution of the civil war was most grievously felt; taxes were high, money was scarce, and the Legislature was naturally cautious and conservative in making appropriations. As a result of this the extensions and additions contemplated in the original plan of the asylum were not provided for as rapidly as was expected. Consequently the counties were not able to secure the admission of their pauper chronic insane as required by the statute. Under these circumstances, in the year 1871 temporary relief was sought. Just previous to this time the State had entered upon a new departure in regard to its charities, and had created a single board for the purposes of inspection and visitation of its charitable institutions. It was then thought that it might be possible to modify to a certain extent the policy of the State as declared in 1865, by permitting the counties under certain conditions to care for their chronic insane. In 1871, therefore, the Legislature passed an act which provided a method by which counties might, upon showing that they had made proper provisions, care for their chronic insane. Section 1 of said act reads as follows:

First Annual Report.

“The Board of State Commissioners of Public Charities are hereby authorized to hear and determine all applications which may be made to them in writing, by the county superintendents of the poor of the several counties of this State, for exemption from the operation of the tenth section of the act entitled ‘An act to authorize the establishment of a State asylum for the chronic insane, and for the better care of the insane poor,’ to be known as ‘The Willard Asylum for the Insane,’ passed April 8, 1865. And whenever said board on such application shall determine that the buildings and means employed to take care of the chronic pauper insane of such county are sufficient and proper for the time being for such purpose, and shall file the same in the office of the clerk of the county making such application, then and in that case, and until such determination shall be revoked, as hereinafter mentioned and provided, the county superintendents of the poor of such county shall be relieved from sending the chronic pauper insane of such county to the Willard Asylum for the Insane, as now provided by law. Said board may at any time revoke such determination, but such revocation must be made in writing, and filed in the county clerk’s office of the county making such application, and notice thereof shall be given in writing to the county superintendents of the poor of such county and upon the filing of the same the said county superintendents of the poor of such county shall, from thenceforward, be again subject to the provisions and operations of the said act.”

By the act (chap. 283, Laws of 1889) creating the State Commission in Lunacy, the power was transferred to it of granting exemptions to counties from the operation of the Willard Asylum act. Under the provisions of the statute, by which a county might be exempted from the operation of the so-called Willard Asylum Act, beginning with the year 1871, nineteen counties have thus far been exempted by the State Board of Charities. Thus it will be seen that the relation of the counties to the insane is as follows: The counties of New York, Kings and Monroe have by law been, for a great number of years, permitted to care for

First Annual Report.

all of their insane. The following named counties, by virtue of the exemption from the operation of the Willard Asylum Act, are legally permitted to care for certain of their chronic insane: Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Queens, Suffolk, Tioga, Ulster, Wayne, Wyoming. (Clinton county was exempted by special act of the Legislature, chap. 360, Laws of 1877.)

The remaining counties of the State are not legally entitled to care for any of their insane, either acute or chronic, as follows:

Albany, Allegany, Cayuga, Chemung, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Livingston, Montgomery, Niagara, Ontario, Orleans, Otsego, Putnam, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Seneca, Steuben, Sullivan, Tompkins, Warren, Washington, Westchester, Yates.

On October 1, 1889, the number of insane in county poor-houses and State asylums for the chronic insane was as follows:

Exempt counties.....	1,848
Non-exempt counties.....	385
Willard and Binghamton asylums.....	3,138
<hr/>	
Total.....	5,371
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Regarding the care and treatment of the insane, with reference to what it should embrace, it may be repeated that insanity is a physical as well as a mental disorder, requiring in a large majority of cases that kind of treatment which can only be obtained in a hospital specially organized, officered and equipped for that purpose. Such an institution is necessarily different from an ordinary hospital in this: that it is a place of detention in which the insane are legally deprived of their liberty, not, of course, as a punishment, but as an incident to the treatment of their disease, which from its nature renders them dangerous to themselves and to the lives and property of others; but the primary object for

First Annual Report.

which these institutions are established and maintained is to provide the insane with proper care and medical treatment. Thus it will be seen that such institutions when properly organized necessarily embrace a two-fold purpose, namely, custodial and curative. Mere custodial care can not be justified except upon a theory which is undoubtedly untenable, that certain classes of the insane need no medical supervision, but simply require ordinary care and comfortable surroundings. But setting aside the question of treatment and admitting for the moment that only custodial care is required for the so-called chronic insane, it could still be maintained that institutions organized on that basis should be required to furnish whatever may rightly be included in the category of essentials for the proper care and reasonable wants of this class. At this point, the question may be asked of what should the essential requisites for proper custodial care of the insane consist. It will be conceded by all who are familiar with the subject, that aside from special medical supervision, the insane should be properly housed; that they should be supplied with sufficient and suitable clothing for all seasons of the year, and food of good quality and sufficient in quantity and variety to meet at least the physiological requirements of their systems; that it should be served thrice daily at all seasons of the year, and that the delicate and feeble should have a special or extra diet prescribed according to their several needs and under the directions of a physician; that each patient should be provided with a bed; that the bed should be supplied with a sufficient and suitable amount of bedding; that the bedding should be kept clean, and the bed linen changed at least once weekly; that the patients' apartments should be properly warmed and ventilated, and that they should be lighted sufficiently to permit of reading both day and evening, and, certainly, these apartments should be light enough to inspire cheerfulness; that a sufficient supply of wholesome water should be provided, and ample facilities for bathing; that every patient should be permitted or required to bathe at least once weekly and oftener if

First Annual Report.

necessary, and that each one should be bathed in fresh water; that they should have daily medical supervision by a well-educated and well-trained resident medical officer to administer to their ordinary bodily ailments, to preserve their physical health and to protect them from preventable diseases; that they should be provided both day and night with properly qualified attendants in sufficient number to duly care for their wants, and to prevent the infliction of bodily injury by some upon others or upon themselves; to stop them from denuding their persons and destroying their clothing; to look after the physically sick, the feeble and helpless; to assist them to and from their rooms; to take them out walking in pleasant weather; to properly bathe and dress them, and especially to aid in dressing those who are unable to dress themselves; also to properly care for the filthy, bathe their persons and change their clothing as often as may be necessary; to wait on them at table; to preserve order; to see that their food is properly served and that the strong do not encroach upon the weak; to care for them at night; to protect them in case of fire; to soothe the excited, calm the violent; to keep those properly covered with bed clothing who insist upon its removal; to take up and cleanse those who soil themselves or their bedding; that there should be provided adequate means of protection against fire; that there should be suitable occupation, amusements and a liberal supply of reading matter and other methods of diversion; also religious worship for such as may desire it, and attention to the spiritual needs of the sick and dying; that there should be printed rules and regulations conspicuously posted for the guidance and instruction of employes; also a system of records, including a case-book or medical history of each patient, as now required by law, in order that it might be possible for those who are legally or properly entitled to do so to read the history of a patient's disease; also, a record of medical prescriptions, showing the kind and quantity of medicines given, the frequency of administration and when it was commenced and discontinued; that special medical stores should be provided

First Annual Report.

and kept in the charge of a competent and trustworthy person beyond the access of patients.

Certainly no one would seriously propose to establish and maintain a hospital for the treatment of any other disease than insanity without providing for it competent medical supervision. Outside and beyond the mere question of the application by a physician of appropriate medicines for ordinary physical ills, resident medical supervision is required to insure to the patients the proper regulation of a variety of other matters which closely affect their physical well being.

It will be conceded that the sanitary arrangements and condition of a building, embracing plumbing, drainage, warming, lighting and ventilating should be under the regulation and control of an intelligent physician, who presumably has familiarized himself with these subjects, and who should be responsible for the hygienic condition of the patients as regards their clothing, bedding, diet, exercise, occupation and diversion, all of which should be apportioned to their several needs. The diet of the sick, for instance, can not be intelligently prescribed except by a physician; in fact, all that applies to a hospital for the treatment of ordinary diseases, applies with additional force to a hospital for the care and treatment of the insane. In the matter of diet alone, it is a well-known fact that the insane frequently have delusions in regard to ordinary varieties of food; some have a delusion that vegetables are poisonous and will decline to eat them, and would make their whole diet, if permitted, upon bread and meat; others still might fancy that meat and bread were poisonous and decline to eat them. In the matter of labor, too, as has been pointed out above, insane persons, as a rule, are not competent to judge the amount of labor they are capable of performing, their abnormal nervous energy and activity being liable to lead them into excesses in that direction which, if unchecked, would result in great exhaustion and prolonged enfeeblement. Hence, manual labor should not be performed by the insane except under intelligent medical direction. Moreover, it would seem

First Annual Report.

not to admit of dispute that the medical officers in charge of institutions for the insane, should possess skill and ability of an exceptionally high order. Certainly, no one will deny that diseases of the brain, or those that are closely allied thereto, are often difficult of comprehension, and require an unusual amount of special study and observation for their successful treatment. In the field of mental and nervous diseases, modern medical science may find its highest opportunities. In fact, insanity is a specialty by itself. The treatment of mental diseases may properly be regarded as a branch requiring profound study and the highest medical skill. "The care of the human mind," says Grotius, "is the noblest branch of medicine."

For the successful management of the insane, in addition to the administering of drugs, many things are required. For example, it is conceded that amusements play an important part in proper treatment, and it is universally recognized that, since insanity chiefly affects the mind, as much effort as possible should be made to divert the patient's attention and restore his thoughts to healthy channels by means of entertainments and other amusements, wherever possible to be provided, to the end that those suffering from depressing forms of insanity may be relieved from the gloom and sorrow of their own thoughts; their apartments should be hung with pictures; the walls should be painted in bright and lively colors, affording rest to the eye and agreeable contrast to the mind. Religious worship, also, is necessary, because people in such a place are certainly in need of the consolation afforded thereby. Many of the insane are still capable of appreciating and enjoying those spiritual, as well as material things to which they were formerly accustomed.

As opposed to the exclusive State care of the insane, a policy which was deliberately adopted by the State in 1865, and which has never been abandoned, although the temporary expedient of 1871 seems to have given color to the claim, the contention that the counties may properly care for a portion of their insane is based mainly upon the idea that the chronic insane can be as well cared

First Annual Report.

for in the insane departments of the poor-houses as in the asylums or hospitals provided by the State. This claim rests wholly on the assumption that it can be definitely determined after a greater or less length of time that an insane person has passed beyond the hope of recovery, and that thereafter all he needs is mere custodial care; in other words, that, by reason of his malady, he is forever debarred from hope of recovery and that, consequently, all that remains for him is seclusion and such surroundings and treatment as would be appropriate to what it is assumed his previous condition in life must have been; but, as before mentioned, those best qualified by study and experience to judge of the question positively deny that, with the exceptions already pointed out, it can be determined that any insane person is beyond the possibility of recovery. Hence, it follows that the State ought never to relax its efforts to restore to reason and usefulness even the humblest of these unfortunate citizens.

Various reasons in its behalf are urged by advocates of what they term the mixed system of caring for the insane, meaning thereby the retention in county alms-houses of quiet and so-called incurable lunatics, while all others are sent to State asylums. The reasons put forth in behalf of the counties for the care of their insane poor are substantially as follows:

1. Assuming all the chronic insane maintained at public expense to be paupers and that all those who are maintained in county alms-houses are of the quiet and hopelessly incurable class, then the low rate per week at which they keep them is justifiable on the ground that, being paupers and there being no reasonable prospect of their restoration to sanity, all that is required is that they should be comfortably housed, clothed, fed, and provided with comfortable places to sleep, and with sufficient attendance.

2. That the so-called hopelessly chronic insane should be kept in the county of their residence, where they are accessible to their friends, in order that they may not be denied the comfort which may be derived from the visits of friends and relatives; that being doomed to incurability they should not be denied the solace

First Annual Report.

of such visits as their friends and relatives, living but short distances away, may be able to make; that it is cruel and inhuman to remove such hopeless creatures so far away from the influences of home to a distant institution, which, even though it affords the modern methods for the care and treatment of the insane, is still at too great a distance to be conveniently reached by friends and relatives.

3. That the "incurable insane," instead of being removed to those institutions provided by the State, might better be cared for in small annexes or departments of the poor-houses, where land is abundant, cheap and fertile, and where such insane can be profitably employed in tilling the soil, thus furnishing occupation for mind and body, and at the same time largely helping to defray the cost of their own maintenance; that the labor of this class can incidentally be applied to the support of the sane paupers, who, as a rule, are reluctant to do any labor which they can avoid, whereas the insane are often ready and zealous to work, even, as has been already remarked, far beyond their actual strength.

4. That good results are not as likely to be obtained in the great asylums of the State where vast numbers are herded together, and can not possibly come under the separate observation of the resident physician, as in the county poor-houses where the number of insane is small, and where they are treated by and come under the personal observation of the physician employed to look after the inmates.

These two systems of care and treatment of the insane — one as conducted by the State and the other as conducted by the counties — having undergone a fair trial for a great number of years, and under favorable conditions, the comparative merits of each may now be measured with sufficient accuracy. It will hardly be claimed that both systems are equally good. Certainly one is demonstrably better than the other. Which is the better is the question now at issue. Each of the two must be regarded as a whole. Neither can be judged by parts. If in a majority of points of comparison either system is found to be bad, then

First Annual Report.

that system should be condemned and all the insane should be treated under the other. Unless it can be safely assumed that a sufficient length of time has not elapsed for a determination of the value of the two systems, either one or the other should be adopted by the State, and the agitation in regard to the question should cease. Which of the two systems is productive of the greatest good to the insane themselves and to the people of the State at large can be sufficiently well determined; and whichever one is found to be superior to the other in these respects should be accepted as final. It may safely be held that the difference in actual cost between the two systems is not very great; and even if it were otherwise, a difference of pecuniary interest should have little weight in a broad question of humanity like this, involving, as it does, the welfare of thousands of mentally afflicted citizens. It is not creditable to the people of this great commonwealth that thousands of helpless individuals should be permitted to suffer through a long period of years while the relative cheapness of the two systems is undergoing discussion. If the question were one into which human suffering did not enter, but which only involved taxation and the ultimate benefits to be derived therefrom, then the State might be justified in permitting a long period of years to elapse before reaching a final determination, in order that the results of such lapse of time might be carefully weighed and balanced.

In the meantime, it should be borne in mind that the condition of the insane in the county alms-houses is not improving, even if it be not growing worse, for the reason that the county authorities are naturally unwilling to incur expense which they may know to be needed in the line of improvements or repairs so long as this question of State care for all of the insane remains unsettled. The conclusions of the Commission on this subject are based largely on its observations of the actual operation and condition of the State institutions and of the insane departments of the county alms-houses, exempted from the operation of the Willard Asylum Act.

First Annual Report.

In its discussion of this question it desires to be understood as making no reference to those counties which have long been permitted by law to care for both their acute and chronic insane, namely the counties of New York, Kings and Monroe; and especially is this true in regard to the institutions under the care of the former of these counties, in which the provision for medical care and treatment is substantially the same as that maintained at the State asylums.

The pertinent inquiry now remains as to what are the results of the care and treatment of the insane as established and maintained by the exempted counties of the State extending over a period of nearly twenty years. It is also proper to inquire how far the expectations, which may have reasonably been indulged at the time of the first modification (under the act of 1871) of the system of State care, adopted in 1865, have been met; what hope there may be for the future, based on the experience of the past; and what, under all the circumstances, after a careful examination of the practical operation of the county system, ought to be done by the State.

Previous to 1867 there had been no governmental supervision of the charities of the State of New York. In that year the Legislature created a board which it intended should have general supervision and control, among other charities, over all places for the care, custody and treatment of the insane. As adverted to above, in 1871, when it was found impracticable to furnish accommodations at the Willard Asylum for the insane as rapidly as applications therefor were made, it was thought, notwithstanding past experience, that it might be proper to permit such counties of the State as chose to avail themselves of the opportunity, to care for their chronic insane, under the supervision of this central board; and accordingly, by act of the Legislature of that year, the power was vested in said board—a power which it possessed until the last session of the Legislature—to exempt from the operation of the Willard Asylum Act such counties as should appear to them to have made competent provision for the care

First Annual Report.

and treatment of the chronic insane. By virtue of this privilege of exemption, nineteen counties availed themselves of the opportunity offered. Most of the exemptions were granted within a short time after the passage of the act, and it was believed that under proper and regular visitation, inspection and supervision, the counties so exempted would accord to the helpless wards of the State in their custody proper care and treatment. The Commission feels compelled to say that, in its judgment, this belief or hope has not been borne out by the facts, as it finds them to exist in nearly every one of the exempted county almshouses, while in many of them the condition of the inmates presents lamentable instances of squalor, wretchedness and neglect. While it is probably true that there has been material improvement in these almshouses since the publication of Dr. Willard's startling report of twenty-five years ago; it is also true that, even in the best of those visited by the Commission, the standard of care is far below that which is regarded as essential by all competent authorities. This state of things is doubtless inevitable under the present method which in nearly every instance, places these institutions in the hands of the keeper of the county poorhouse, of which the insane department necessarily constitutes an integral part. Hence, it can not truthfully be said that the care and treatment accorded to the so-called chronic pauper insane is what it should be under any fair interpretation of the requirements of modern medical science, of the dictates of humanity, or of the demands of the progressive spirit of the age. The most that can justly be said in behalf of these poor-houses, by courtesy called "county asylums," is that they are custodial in their character; and even in this respect, they can not be regarded in any proper sense as providing the facilities which we would expect to find in every well-managed custodial institution or in an ordinary hospital. In truth, the treatment accorded to the inmates is scarcely better than that which should be given sane paupers; and when viewed as places for the care and treatment of the insane

First Annual Report.

with reference to a possible cure of the disease, they utterly fail to meet even the ordinary requirements of such institutions. A careful examination of these institutions has satisfied the Commission that little or no attention has been paid to the enforcement of the requirements laid down by the board which granted these exemptions; and that, in the majority of instances, no persistent effort has been made to meet these requirements. The Commission fully realizes the difficulties encountered by the board which formerly had the power of exemption. It also realizes that the county system of government is ill-adapted to meet the requirements of such a case; that the board of supervisors having entire control of the raising and distributing of county funds, and thereby being the ultimately responsible body, so far as the government and control of these institutions are concerned, is difficult to influence and impossible to coerce; that however willing the superintendent, who has the nominal custody of the insane poor, may be to adequately provide for their care and maintenance, he can not do so without the necessary means, the placing of which at his disposal is dependent wholly on the disposition of said board, and that, of course, without adequate means no proper care or treatment can be expected.

It has been suggested to the Commission that the State might devise some system whereby the government of these county poor-houses might be placed under more immediate and effective control of the officers of the State. The power to do this effectually may well be doubted, because, in order to reach the desired result, an expenditure for buildings and equipments, to say nothing of renewals and repairs, and an outlay for maintenance and care, would be needed, so much larger than that which now obtains in any of these institutions, that the local authorities would find the cost of keeping their insane poor largely increased above that which they now assert it to be, perhaps doubled or trebled, and in that event they would doubtless prefer to send their insane to State asylums. In fact it could scarcely be expected that the local authorities would willingly appropriate funds to the extent that

First Annual Report.

would be demanded by the State, nor would they be likely to consent to have such funds expended under the direction of State officers, who are in no degree responsible to them. The Commission believes that no system for the care and treatment of the insane poor can be successfully administered which is not sustained in its ordinary operation by the highest order of human emotions; that no system can be fairly regarded as good which directly or indirectly relies upon the lowest order of these emotions. Cupidity and self-interest should have no sway where suffering humanity is concerned.

The population in the insane departments of the county almshouses varies from twenty-five in the smallest to nearly 400 in the largest. The whole number confined in the almshouses of all these exempted counties is 1,848. The smallest number in custody is greater than the number cared for in many hospitals for ordinary diseases. In none of these hospitals would the proposition to place patients under the immediate control of any class of persons excepting those who had received medical training be seriously considered. Yet in not one of these exempted counties is there an instance of the insane department being in any proper sense under the supervision and control of a medical officer. In only two institutions were resident physicians employed; in only four or five others were physicians required to visit daily. In a majority of these institutions the physicians visit from one to three times weekly, according to the terms of their contract with the superintendent of the poor or other authority. These institutions, are, in most cases, in the charge of a "keeper," while a few of them are directly controlled by the superintendent of the poor, or, if there be more than one superintendent in a county, by the resident superintendent. It is not pretended that these keepers are in any way qualified, either by training or previous experience, for the care and supervision of insane patients, even assuming that such patients are not sick persons, as they concededly are. The qualifications and capacity of these keepers for this particular work — and here it may be proper to state that there is no

First Annual Report.

disposition on the part of the Commission to unduly criticise the intelligence or the acquirements of the officers in charge of the insane departments of the poor-houses — may be judged when it is stated that their compensation does not on the average amount to more than \$600 or \$700 per annum. In fairness, however, it should be added that they also receive maintenance for themselves and their families. They have the general oversight and charge of these institutions; their word is law, and they are subject to no control other than the power that appoints them. Even the physicians who make visits with greater or less regularity, are officially subordinate to these keepers, and in some instances come only when in the latter's judgment a patient requires attention. A letter has been received from one of these physicians, in which he complains that he has no power, that he is subect to and under the control of the keeper. As stated above, in a majority of instances, the physicians appointed to look after the insane are under contract or agreement to visit both the sane and insane paupers a certain number of times weekly — the sane paupers receiving precisely the same visitation as the insane; in other instances they visit only when sent for. The smallest number of people, both sane and insane, that a physician has to care for is not less than fifty, while in some cases it reaches several hundred. When it is understood that the compensation of these physicians averages less than \$325 per annum; that in many instances they furnish their own medicines; that in almost every case they reside from one to five miles from the institutions, and that they are engaged in active practice, one can readily imagine how meagre and inadequate the medical treatment must be. By this it is not intended to convey the impression that these physicians are not, as a rule, reputable and competent practitioners of medicine. The Commission desires it to be clearly understood, however, that in its judgment they are not qualified, except in rare instances, by special study and training, to properly control and care for the insane. Indeed, so far as known to the Commission, none of these physicians had any previous special

First Annual Report.

training or experience in the care of the insane, nor had any of them given the subject of insanity any special attention. To say that the amount of medical supervision and treatment thus provided for this unfortunate class is sufficient would be manifestly untrue. Aside from the special treatment of insanity as a disease, the amount of medical treatment furnished in some of these institutions is not sufficient to meet the requirements of ordinary bodily infirmities.

But even these statements, strong as they may appear, do not fully describe existing conditions as observed by the Commission. From the unreserved admission of officers, employes and attendants, it clearly appeared that, in a large number of instances, even the moderate requirements of the contract between the physician and his superior officer were not fulfilled. In conversation with some of these physicians, the Commission was frankly informed that the compensation was altogether too small to justify the expenditure of any great amount of time; that their general practice, which they did not feel at liberty to neglect, demanded a major portion of their attention.

But, even with such inadequate medical service, it might be supposed that each of these institutions would be supplied with ordinary medical stores and appliances. Such, however, is not the case. In a few institutions only were medical stores found in any quantity worth noting, and in only two or three were they in the charge of a competent person. It might be supposed, too, with a non-resident physician coming at most not more than two or three times a week, that there would be a system of medical records; that there would be a book containing prescriptions and directions for the taking of medicines; that the bottles and packages of medicines would be carefully marked; that specific directions would be furnished for the giving of medicines to these irresponsible patients; but in not more than one or two instances was this found to be the case. An examination disclosed the fact that commonly the bottle or package of medicine was handed to an employe with verbal directions as to giving the same. In one

First Annual Report.

case observed by the Commission, the bottle of medicine for a patient sick in bed was discovered to be in the coat pocket of another patient, and it was administered by a third patient, who went to the pocket, took out the bottle and gave the dose as he recollected the instructions — this occurring in the presence of two of the commisssioners.

Since 1874 the law has expressly required that in every institution where the insane are kept in custody a case-book shall be kept, in which the medical history of each patient shall be recorded from time to time. In only a few instances was there even a pretense of keeping a case-book, and in none was there found what the commissioners could regard as a proper case-record. In a majority of instances the officers, and in some cases the physicians, declared that they had no knowledge of such a law, and that their attention had never been called to it. To say nothing of the value of a properly kept case-book for legal purposes, the importance of keeping one from a medical point of view need not be discussed. In fact, so far as relates to medical treatment, there is almost an entire absence of any records whatever. Usually no reports are made even by employes or attendants as to changes in the condition of patients. If one is found with a blackened eye or other injury, there is no record to show what caused it.

Respecting the use of mechanical restraints in the treatment of the violent or disturbed insane, a matter which, perhaps, has engaged the attention of the public mind more than any other in connection with the management of asylums, it is well established that, if permitted at all, they should be applied only under the direction of a medical officer in each instance. Yet the Commission found in these county alms-houses that it was the exception rather than the rule for restraint to be prescribed by a physician, the common practice being to apply restraint at the will of an untrained attendant or employe; in other words restraint is applied whenever, in the discretion of such employe or attendant, it is supposed to be needed. No record is kept of such applica-

First Annual Report.

tion. In one instance, the physician present was not able to give the name or mode of application of a certain kind of restraint which was exhibited. In fact, he claimed that he did not know of its existence in the institution, and yet the attendant said that he (the attendant) had frequently used it.

The importance of medical supervision of the dietary of an institution for the insane would be recognized by every intelligent person. It is well understood in asylums that the diet ranks among the more important elements in successful treatment; and yet in the county institutions visited by the Commission the regulation of the dietary was generally found to be under the control of the cook or other person who had charge of preparing the food, while the serving of the same in several cases was done by paupers. In a few instances, a record of the diet furnished had been kept, but this in itself was of no value as it had not been prescribed by the physician; neither did it appear that he knew anything about it. Indeed, it could not be said that in more than two or three instances had a regular dietary been prescribed, the patients' food being prepared sometimes according to the wishes of the patient or under the direction of some employe. When it is considered that persons suffering from insanity frequently have peculiar delusions in regard to their food; that, if left to themselves, they often decline to eat that which is necessary, or persist in eating that which is injurious; and that their physical well-being is often dependent on the amount and variety of food taken, the importance of the presence in the institution of a trained physician, who would see that, in spite of a patient's delusion, the proper kind and quantity of nourishment is supplied him, must be clearly manifest to all.

Many other matters might be cited to show the extreme importance of having an experienced resident medical officer in every institution for the insane.

While it is proper to state that the beds, as regards quality and condition, were generally found to be fairly good, still in many cases they were entirely inadequate. An examination showed

First Annual Report.

that some beds, and especially those of the disturbed and filthy patients, were simply too vile for description. In many instances, the mattresses were literally reeking with filth, and evidently were not dried from one day's end to another. In a few instances only were woolen blankets provided; in nearly all the cheap cotton quilts, which, when they are filthy, are so difficult to cleanse, were provided for the patients. In nearly all of these institutions, too, the bedding is not changed as frequently as it should be. The almost uniform reply to the inquiry, "How often are the sheets changed?" was, "One sheet is changed each week." And aside from the beds and bedding, the practice which prevails in many instances of permitting or compelling two patients to sleep together can not be too strongly condemned. The idea of two ordinary sick people being compelled to lie together is sufficiently repugnant; how much worse for two insane people to be required to occupy the same bed. It should in justice be said, however, that in some of these county alms-houses this practice does not exist at all, and in others to only a limited extent. It occurred where there was a lack of beds or where there was crowding. In one institution the Commission found that a considerable number of the beds were occupied by two patients each.

Among the universally recognized necessities of insane asylums is an abundant supply of pure and wholesome water. In fact, one of the first questions that comes up for consideration when the site for an asylum is to be chosen is, "What is the water supply?" and, unless this question can be answered satisfactorily, a different site is always selected. It would seem to be almost idle to dwell upon the importance of so self-evident a necessity, yet this is one of the points in which the care and treatment of the insane in the county asylums is most vitally defective. It is exceptional to find one of these places adequately supplied with water; and, even where the supply is ample, the facilities for its distribution are usually quite inadequate. This is especially true in respect to facilities for bathing and fire protection. It was, indeed, a matter of surprise that the condition of affairs in this respect was found

First Annual Report.

to be so lamentable. The bathing facilities, with scarcely an exception, were found to be totally insufficient. Even so small a number as twenty-five patients (and there are only two or three of these county institutions that contain so small a number) requires very considerable facilities for bathing purposes, and an ample supply of water, both hot and cold; yet, with only a few exceptions, cold water only is supplied to the bath tubs, hot water being either heated in kettles and carried to the tubs, or the cold water being heated in the tubs by the injection of live steam, conveyed to them through pipes — arrangements that are more expensive, in nearly every instance, than the fitting up and providing a proper method of heating water and conveying it in pipes would be. The danger of patients being burned by such methods is obvious; and other most obnoxious results flow from these inadequate and faulty arrangements. It is literally true, however difficult of belief, that it is a common practice at most of these places to bathe three or more patients in the same water. Indeed, from the unreserved admissions of employes and officers, it was ascertained that, in many instances, four or five are bathed before the water is changed. When it is considered that water is almost as much an essential as air and light, and that its cost, even where a separate plant for its supply has to be maintained, is comparatively small, it seems well nigh incredible that a practice whereby 2,000 sick and insane people are liable to such indignity, such cruelty, as compelling them to bathe in water which had previously been used by two or three or four other patients, should be permitted to exist. In view of the fact that insane people frequently suffer from ulcerations on the surface of the body and other disorders of the skin, it seems marvelous that such a repulsive practice should have been permitted to exist for years without arousing the deepest public condemnation. It is proper to state that the facts in regard to the bathing were brought out, not upon the witness stand or under any pressure of compulsion, but were freely stated without reserve. In a few instances only was an explanation attempted, to the effect that

First Annual Report.

the supply of water was insufficient; or that with insufficient help there was great difficulty in heating it and bringing it from a distance. In one of the county asylums an assistant freely admitted the bathing of from five to six patients in the same water, and said in relation thereto: "We can not afford to waste our water."

In the clothing provided for these patients there is not so much to condemn. It is of fairly good quality, fairly well made, and generally the outer garments appeared to be kept reasonably neat and clean, although in some instances, especially on the part of the men, they were in a state of great disorder. When the Commission visited many of these county institutions the weather was cold, and an effort was made to ascertain whether the patients were supplied with sufficient under-clothing. This was not easy to ascertain. In most instances the Commission was informed that the patients were well provided for in this respect. From personal observation, however, in a large number of cases, old and feeble patients were found not to be provided with undergarments. If no more could be said against the other features of county care than that which relates to the patients' clothing, there would not be so much to condemn.

The food furnished to the patients, so far as observed, and so far as information could be obtained, is of a fairly good quality, but the criticism to be made is that it is generally prepared with but little reference to the physiological needs or conditions of the patients. In some instances the tables were supplied with tablecloths; but in many they were bare or covered with oil-cloth. The dishes were sometimes found in a state of disorder. With some exceptions, the patients were allowed to eat with their fingers, or often to appropriate each other's food; and, generally speaking, the lack of order and decorum made it apparent that no proper supervision was exercised over them. In fact, by reason of the insufficiency of attendants, no proper order could be observed. It is a matter of just complaint that only two meals a day are served in a number of these institutions. It was

First Annual Report.

explained to the Commission that during the winter months, beginning with the first of November or December and continuing until the first of March or April, only two meals per day are served; the first at about 9 a. m., the last about 4 p. m., leaving an interval of seventeen hours between the evening and morning meals. It also appeared at these same places that the officers, attendants and employes were provided with three full meals a day. No explanation was attempted why insane patients should be allowed a less quantity of food than that provided for their healthy overseers. Mal-nutrition and debility being frequent accompaniments of insanity, it follows that the food should be of highly nourishing quality; that it should be given in liberal quantity, and that the diet should be regulated by an intelligent medical officer. In justice it should be said that generally the food supply was sufficient as to quantity and of reasonably good quality. It should be repeated, however, that in a majority of instances it was not properly prepared and served with reference to the needs of insane people.

Next to medical treatment, and going hand in hand with it, is proper nursing or attendance for the insane, the latter being essential to the success of the former. As above stated (and it is a matter which can not be too strongly urged), insane people are sick people, many of whom need constant care and attention; not only the destructive, violent and dangerous, but the mild and harmless, as well as the broken-down and feeble, require nursing, supervision and frequent assistance; in fact, almost unremitting attention. The quality of the service required by the insane demands that the attendants should be of a superior order. In no domain of human activity do patience, gentleness and forbearance play a more useful part or serve a nobler purpose. Anger and irritability must be kept in constant abeyance by persons holding such positions; blows, insults and injuries, or what would be regarded as such if given by sane people, must be received and borne in silence and no resentment be shown; for these sick people often fancy, in their mental aberrations, that their best

First Annual Report.

friends are their worst enemies, and not infrequently would attack them if the opportunity to do so were offered. Hence, the importance of having a sufficient number of trained nurses and attendants, who are patient and self-controlled and sufficiently intelligent to appreciate the patient's condition and the fact that he is not responsible for his acts, can hardly be overrated. The question of securing fully qualified attendants for the insane is a difficult one even in the highest type of modern asylums, where the utmost care is observed in the selection of this class of help. Trained attendants also fully understand the importance of watchfulness in the care of those patients who are denominated "wet and filthy," and are generally able, by vigilance, to save themselves much labor in keeping their patients clean, or even to train many of them into habits of order and decency. This class of patients require almost constant attention, both day and night, to keep them in a cleanly condition, but it is at night that the repulsiveness incident to their condition is most conspicuous. In a properly organized hospital such patients are carefully taken up at intervals during the night and cared for, and if, perchance, they have soiled themselves, they are carefully cleansed and returned to bed. To secure such care and attention as above indicated, requires the service of a good many people, who, if competent and faithful, are not always easy to obtain, but, nevertheless, are always obtainable. Experience has shown that the ratio of trained nurses or attendants to the insane, and especially to those who are usually, though often mistakenly, regarded as incurable, should be one to not more than ten or twelve. An examination of the exempted county poor-houses shows that in them the ratio is far below this, being one to twenty or over, and that even this is too low a figure in view of the fact that generally every employe or person about the place is counted as an "attendant." In the insane department of one alms-house containing nearly 400 inmates, we found one attendant in charge of seventy-nine patients. Is it any wonder that this over-worked attendant utterly failed in his efforts to preserve order or to keep his patients or the ward in proper

First Annual Report.

condition. Patients, some of them epileptics, were found lying about on the floors or in other objectionable postures; many of them were in extreme disorder, untidy and unkempt, and one, an idiot youth, was seen walking about with his person plainly exposed; and yet the attendant was a well-disposed man, who evidently endeavored to discharge duties which properly would require the services of at least four attendants. But in addition to the utter inadequacy of the number of attendants for day purposes found almost everywhere, the evils of this system are intensified by the fact that no night supervision whatever is provided. The patients at bed-time are locked in their rooms or dormitories; they are left alone and in darkness; the attendants retire to their rooms, often in a distant part of the building, and from that time until morning no care or attention whatever is bestowed upon these unfortunates. It is true that in one institution out of all those visited, the Commission was informed that there was a night watchman about the place. It was explained, however, that his principal duty was to look out for fires and depredations by thieves. It was further explained that in case he heard any unusual noise or disturbance, it was his duty to call somebody to investigate. The inhumanity of such lack of attendance is further emphasized by the fact that with scarcely an exception these county poor-houses contain from one to a dozen or more filthy and disturbed patients; that these patients, by reason of lack of night service, are put to bed and left to lie in their filth and excrement until morning, vitiating the atmosphere of the entire ward, which must be inhaled by the cleanly patients as well as the filthy. Such a condition of affairs would seem incredible. It is disgraceful, not only to the counties, but to the State; to call it inhumane is to mildly characterize it.

That there should be night attendance even for other purposes will not be denied by any one who has adequate knowledge of the needs of the insane, many of whom are restless and disturbed at night and subject to apprehensions resulting from their delusions

First Annual Report.

and hallucinations; while others are disposed to leave their beds and wander about the rooms, lightly clad or entirely naked, oftentimes destroying their clothing and bedding, opening their windows even in the coldest weather, and subjecting themselves and others to great bodily harm and danger from exposure to draughts, etc., and preventing others from securing needed rest. The importance of intelligent and kindly night attendance and supervision to preserve order and quiet, to care for the feeble and helpless, and to prevent the disturbed and violent from injuring themselves or others, at once becomes apparent.

There are other horrors incident to this lack of night attendance which requires some attention. The danger from fire in an institution occupied by the insane is one from which a trained asylum officer always shrinks in dismay. In view of the fact that certain of the insane have incendiary propensities, and that many of them are prone to tricks and cunning, and to elude the vigilance of their care-takers in efforts to burn buildings and destroy themselves and others, it is not surprising that an experienced asylum officer dreads the danger to which his charge is thus constantly exposed. Necessarily, by reason of lack of night attendance in the insane departments of the alms-houses in the exempted counties, these poor patients at bed-time — which usually occurs in the winter season at 6.30 to 7.30 o'clock at the latest — are locked in their rooms or dormitories and left without care or supervision during the night, and subjected to the depressing effect of being obliged to remain in darkness through the long winter evenings. In one instance which the Commission observed, the door of each slatted room was fastened securely by a padlock. It is due to good fortune that conflagrations, resulting in the most serious consequences, have not occurred, considering the almost total lack of provision, either to discover the presence of fire or to extinguish it should it occur.

It is to be regretted, moreover, that in the insane departments of the county alms-houses visited by the Commission, there appears to be no systematic provision for amusement beyond

First Annual Report.

that derived from some minor games, as checkers, dominoes and cards, and these only to a limited extent, in a few of the institutions; in one instance a keeper stated that he had purchased a croquet set for the use of some of the patients. In answer to inquiries why amusements were not furnished, the officials frankly stated that no funds were available for that purpose. It did appear in a few instances that certain charitable people had come in on a few occasions and attempted to entertain the patients.

The term "amusements," as ordinarily used, embraces dances, musical entertainments, theatricals, social gatherings, lectures, concerts, tableaux and such other diversions as may serve to occupy the minds of sick and feeble people. But these things involve pecuniary outlay, and, situated as most of these institutions are, often miles away from a village, even charity and benevolence will not supply the place of dollars; and thus days may come and go, weeks may succeed weeks, and months drag their weary length along, and these poor patients be left to sit about the wards with nothing to divert, to instruct, or to occupy their minds; not even provided with ordinary light occupation, excepting the few who can be made useful in caring for the others.

By reason of the lack of attendance, the patients are not regularly taken out for exercise in the open air, though some of the institutions are provided with small airing courts or yards which are used by the patients in the summer season. During the rest of the time they are compelled to remain on the corridors or wards in idleness, even on pleasant days, with little or nothing beyond the benches and barren, uncolored walls to divert or occupy their attention; while in some cases they are left a considerable portion of the time without attendants, the latter being frequently called away in the discharge of other duties or on account of personal matters. In several institutions the attendants take their meals in distant parts of the building or in another building, leaving the patients to themselves; in others the women's ward is in charge of a man attendant during the absence of the woman

First Annual Report.

attendant, sometimes for more than a whole day, as we were informed by the latter.

It might safely be said that sane people confined in such places and compelled to remain day after day and week after week would, under similar circumstances, be likely to lose their minds. What wonder is it, then, that such patients grow worse and drift rapidly down to complete mental degradation?

With the present cheapness and abundance of reading matter, it is somewhat surprising that greater effort has not been made to furnish the inmates of these institutions with a regular supply of newspapers, magazines, etc., yet, in most instances, no reading matter whatever is supplied, except that which is present through kindness of charitable people. Perhaps it should be said that in two county institutions, the Commission was informed that all the county papers were taken, and that the patients were permitted to see them. In one institution the Commission observed an intelligent woman sitting in a ward, and when spoken to in regard to her condition she said that she was suffering from epilepsy; that she had formerly been a teacher; that she had been a private patient; that her money had become exhausted, and that she was now dependent on public bounty. When asked if she cared to see a daily paper, she said that she had not seen any paper in months. This case is not an isolated one. Many of these people although insane, are capable of reflection and sufficiently rational to maintain an intelligent interest in the news of the day, and there is no valid reason why reading matter should not be provided in abundance.

The advocates of the county care system have laid much stress on the value of labor for the insane, claiming that in this respect the county institutions offer superior advantages; that they are provided with facilities for occupation of the patients which do not exist in the State asylums, especially as regards opportunity to labor in the fields, and that in this way many could be restored to reason. As a matter of fact, however, only a small percentage of patients in county institutions, as compared with the State-

First Annual Report.

asylums, perform any productive labor. In one institution provided with a good farm where thirty-six men patients were detained, the keeper informed the Commission that only seven or eight of them were usefully occupied. This in fact was the entire number of those able to do anything. Of the women a slightly greater proportion were employed about the kitchen, the laundry, or in general housework. The remainder were unoccupied, and apparently no effort was made to get them to do anything. No mechanical occupation or light in-door work is provided beyond that which is incident to the necessary housework. To establish and maintain such occupation would require the employment of a much larger force of attendants than they now have, and then they should be under the direction and control of an intelligent resident physician. Only a few of the insane can be trusted to work alone. It should be borne in mind, too, that labor is not the primary object to be sought in an institution for the insane, although it becomes an important factor in treatment, if intelligently applied. Hence, it should only be utilized to an extent that will inure to the patient's improvement. In many cases, the performance of manual labor of any kind would be liable to destroy all chances of recovery. The system in vogue in the county institutions in this respect can not be too strongly condemned. The labor there performed is without medical supervision, and much of it is undoubtedly done by patients who are not in a condition to labor, notwithstanding they may appear to be so to the unskilled observer.

It was a matter of surprise to the Commission to find in the insane departments of the county alms-houses that little or no provision has been made for the religious worship of the inmates, it being the universal custom in all properly managed hospitals for the insane to provide for religious services and for the spiritual need of the sick and dying. In only a few instances had any effort in this direction been made. In most of the others no attention had been paid to the subject, to the extent, that is, of making any monied provision for the attendance of a clergyman at either

First Annual Report.

regular or irregular intervals. It was explained in some cases that occasionally a clergyman voluntarily came in; in one instance it was said that an effort had been made in this direction, but that it had been given up while in another the Commission was informed that the board of supervisors appropriated annually the sum of thirty dollars for the purpose of providing religious services to the sane paupers, but that no similar provision had been made for the insane. In still another instance the Commission was told that religious services were held regularly for the paupers, and that such of the insane as desired to attend were privileged to do so. It may be remarked in passing that large numbers of the insane are quite capable of appreciating the benefits of religious instruction, and eagerly avail themselves of the privilege of receiving it. In fact, in most hospitals for the insane it is regarded as an important element in treatment. It would certainly seem that these people should not be denied a privilege usually accorded to even the humblest of sane citizens.

Another important feature of modern asylum management, and without which the highest degree of success is impossible of attainment, is that of classification, based on the various forms and conditions of disease that are represented among the inmates. For example, quiet and orderly patients should not be compelled to associate with the violent and disturbed, nor should the filthy usually be kept on the same ward with the neat and tidy, or the dangerous and destructive with those that are harmless. The suicidal, too, should be placed by themselves and kept under careful observation. It is not to be expected that proper classification can be applied with the small number of patients in these county institutions, except at a disproportionately large expenditure for necessary structural arrangements and a proportionately large number of attendants. It will be at once apparent that the county institutions are utterly unable to establish any proper system of classification. In fact, at some of them, the principle of classification does not seem to be understood by those in charge, while in others, the only classification attempted is the separation of the sexes; and even this is not always completely

First Annual Report.

observed, for, in one instance, the Commissioners found a male patient taking his dinner with the women, and in others it was found that the men and women worked together unattended. The superintendent of one county institution said that he was constantly fearful of the result of improper contact of the sexes. This fear would appear to be not entirely groundless, as in one institution within a year or two a case was established of intercourse between an idiot woman and an insane man, which resulted in the birth of a child. This occurrence was admitted to the Commission although it appears that a previous attempt was made to conceal the fact from the Legislature and the public by means of misleading affidavits.

The interests of humanity and economy alike demand that every institution for the custody of the insane should be provided with adequate means of protection against fire. The Commission regrets to say that in more than three-fourths of the county institutions no suitable means of fire protection was found, while in several of them there was absolutely none at all. In two only was a fire-escape observed. In one this was structurally unique, being an inclosed stairway extending at an angle of about forty-five degrees from a contracted opening in the wall of the third to the top of the first story, where it terminated in a chute, which reached to the ground. The chute was too low to admit of an erect posture, but it was explained to us that the patient could slide down it in case of fire. The danger of fire, always great where hundreds of persons are congregated under one roof, is immeasurably greater in asylums, where the inmates lacking reason and self control, are locked at night in rooms or associate dormitories, where, as may happen through lack of proper attendance and care, they sometimes get matches; where they are allowed to smoke tobacco, and where, in many cases, disordered minds may entertain morbid and perhaps irresistible inclinations to kindle fires. In most of the county alms-houses the lack of proper fire protection is lamentably obvious, and it may be said to be a matter of surprise that losses of life from fire have not been frequent and

First Annual Report.

dreadful. In one place, which seemed to be reasonably well protected, it was found that the key to the fire-hose closets was in the basement, and it was only after some delay that the key was found and the closets opened for our inspection. Of course the prime value of fire protection consists in the promptness with which it can be applied at the breaking out of fire, and in that sense the utter futility of the arrangement just referred to can be readily seen. The same superintendent of the poor who expressed his fears in regard to the contact of the sexes, also said that he was constantly worried by the danger to be apprehended from fire. He said that the institution under his charge had been on fire not less than a dozen times during the past eight years. When it is understood that at this particular institution the men were allowed freely to smoke about the place; that a lamp was kept constantly burning during the day, without chimney, for the especial purpose of affording facility for patients to light their pipes, and that this lamp was in a room occupied by patients more or less disturbed, it will be apparent that the fear felt by this superintendent was by no means groundless. It must not be forgotten, too, that many of the insane, so far as their removal from a burning building is concerned, are more difficult of management and control than a similar number of young children. The poor creatures, being irrational, are unable to appreciate their surroundings, to understand commands or to appreciate danger and instances are not wanting when fires occurring in such institutions have been attended by fearful and lamentable results.

In opposition to the system of State care for the insane, much has been said in regard to the "herding" of large numbers of patients in one institution. The natural inference from this would be that hundreds are placed in one large room, or that they sleep in large dormitories, and that, therefore, it is impossible to apply to them any proper classification or individual treatment. It is proper that a word should be said upon this point. While it is true that some of the State asylums contain a large number of inmates, it should be understood that, although many patients

First Annual Report.

are under the general control of one medical officer, they are not "herded" together. Under the system as it exists they are subdivided, only a small number being placed together, sometimes one or two hundred in one building or portion of a building, they are all classified and so separated that the inmates of one building or ward do not commingle with the others. In each instance they are under the care and treatment of a special physician, who receives his instructions from the chief medical officer. It is not essential, or even to be expected, that the chief medical officer of a great asylum shall personally know each patient under his control; but it is desirable that too great a number of patients shall not be under the immediate charge of one physician, and this is not true so far as the State asylums are concerned. The assistant physician is fully competent for the work imposed upon him under the care and observation of his superior officer. To all intents and purposes, the patients occupying small detached buildings are as much dissociated as if the buildings were widely apart.

In the discussion of relative results as to treatment of patients in State and in county institutions, some advocates of the latter have fallen into a curious contradiction. As already stated, the basis on which the county care system rests is the alleged hopeless chronicity of some pauper insane. Yet it is claimed for this system that out of a total number of patients only one-half as great as the total cared for in the two State asylums for the chronic insane, nearly one-half as many more cures are effected in a year. If this claim of superiority of county over State care for the insane can be established, it would be well for the State to speedily change its entire policy in this matter. If in these county institutions, with their meagre appliances and their almost total lack of proper medical treatment such remarkable results can be obtained, then it would appear that the millions expended by the State in the past quarter of a century upon provisions for the chronic insane have been practically thrown away; that all progress made in knowledge of this field of medical science has been a delusion or a dream; that learning and research, and observa-

First Annual Report.

tion, and schools, and colleges, have served no useful purpose in one of the most important domains in human understanding. If this claim were well-founded, it might fairly be inferred from it, by parity of reasoning, that the broader the education, the greater the attainments, the larger the ability and the more thorough the skill and experience devoted to any given branch of human activity, the less valuable the results likely to be obtained. In any other line of action or of argument such a deduction would be recognized at once as absurd; and in this debate over the question of results secured under county as compared with State care of chronic insane, before any thoughtful mind accepts the conclusion gravely advanced by some advocates of the former, it may well be asked to pause long enough to consider how and by whom this matter of alleged recovery or improvement of chronic insane in county institutions is determined. Is it determined by physicians who, by their own admissions, have made but a very superficial study of insanity as a disease, and have had little or no training, or experience in the care and treatment of the insane? Is it determined by keepers and superintendents, most of whom know little or nothing about the subject? Is it determined by employes or attendants? Is it determined by friends or by the patients themselves? Some one or more, or possibly all, of these tribunals must have rendered the decision in each particular case which went to make up the aggregate of such recovered or improved cases reported by the county institutions; but how many of them prove to be real and lasting and how many only apparent and temporary, there is no way to ascertain. If the past statistics of these county institutions with a population of 1,500, are to be relied on, it appears that nearly fifty per cent. more cures were effected in them within a year than were obtained in the State asylums for chronic insane with a population of 3,000. The real question is whether or not a cure has been effected. Usually that is a question requiring nice discernment by a skilled observer; in other words it is a purely medical question to be determined only by competent physicians. Without impugning the sincerity

First Annual Report.

with which this claim is maintained by some, the Commission is convinced from all the information it has received that the statistics presented in support of this claim are wholly unreliable, some of the reported "cures" having no basis in fact.

The Commission would be remiss in its duty if it failed to note, in justice to the public, to the insane and to itself, some of the striking illustrations of evils inherent in the system of county care which were observed during its visitations of the exempted county alms-houses; but, at the same time, while some of the things which are about to be related are almost too shocking to warrant belief, names and places have been omitted lest any sense of personal injustice be felt, since many of the keepers and other employes of these institutions are worthy hard-working and fair-minded people, who appear to be conscientious and zealous in the performance of duty; and the Commission would here publicly take occasion to acknowledge the fidelity and patient devotion to duty, displayed by many of these underpaid and overworked people who have insane patients in their charge and who are, only in a minor degree, responsible for the evils observed. Indeed, some of them have said to the commissioners that they deplore the condition of things in their institutions as much as any one can, but that a lack of means, of facilities, and of opportunities prevented them from obeying the impulses of their own conscience and judgment. It is for this reason that names, places and localities are not given; but each instance, as related, is susceptible of convincing proof.

Within a small room, in an old and dilapidated wooden building, suitable only for an outbuilding, on a bleak and wintry day, was found a demented old woman, apparently about seventy years of age. She was in a state of turbulent dementia, scantily clad, barefooted, exceedingly filthy and unable to appreciate her condition or surroundings. She went about the narrow confines of her cell-like room, beating a spoon against the wall and uttering unintelligible cries. The furniture in the room consisted of a dilapidated bedstead, on which was a tick half-filled with wet and filthy

First Annual Report.

straw, the quantity being insufficient to make a comfortable bed, even if the material had been wholesome and clean. Upon this tick was a soiled and wet cotton comfortable or quilt. In a corner of the room was a clumsy wooden chair, evidently intended for a commode. It was explained to us by the keeper that it had been provided for that purpose, but that the woman had latterly failed to make use of it. The floor was wet and otherwise soiled with excrement, the odor from which was exceedingly offensive. In fact, it smelled more like a privy vault than a place for the confinement of a human being. The door-way connecting this room with the corridor or hall-way was closed by a stationery wire screen. While no explanation was offered, the arrangement was evidently for the purpose of permitting warm air to pass into the room from the corridor, in the center of which was an old coal stove. One of the doors of the stove was open and, so far as observed, there was nothing to prevent, upon a slight jar, the rolling out upon the floor of hot coals, which might cause the destruction of the building. While the commissioners were standing in front of the cell, a pauper girl, apparently about 16 years of age, entered the room through a side door which was fastened with a hook on the outside. She carried a basin of food, which she placed on the bed and passed out. The old woman proceeded to munch some of the food out of the basin, and placed it on the floor. Upon being interrogated this young girl explained that she and another inmate of the poor-house, a colored girl, were the only persons who attended this old woman; that they did the best they could for her; that they looked after her bed; that they brought her bed-clothing at night; carried her food, etc. She said that the woman was left alone, their being no other occupants of the building except five or six filthy men patients who occupied the other rooms, and these without attendants either day or night, except a pauper who took them to a distant building to their meals. The keeper upon being questioned did not deny that the woman was left alone in the same building with the men, and in extenuation of such a horrible state of affairs said: "You ought to have known the

First Annual Report.

condition of the insane here a few years ago." He did not pretend even that the woman had any other care than such as has been described; he said she was placed there because she was troublesome and filthy and he did not know what else to do with her.

In this same building the key of the doors of the other rooms was only found after some difficulty and delay. The beds in these rooms were examined and presented a most shocking appearance. The ticks were only partly filled with straw and the bedding was saturated and discolored by human filth. The odor from the beds was extremely offensive, penetrating the whole building. The keeper explained that the occupants of these rooms were all filthy patients; that there was not sufficient facilities to properly care for them, and that, therefore, they were placed in this old structure; were taken by a pauper to their meals, and at night were left together in the building with the woman, unattended.

At this same institution in the "new building," upon opening the door of a patient's room, a woman was found standing in a corner with a cotton quilt over her head. At the request of the commissioners she was brought out and the woman attendant in charge was interrogated as to her history and condition. She was bare-footed and evidently had nothing on her person except a blue cotton skirt and a man's coat. The attendant when asked if the woman had on any other clothing, replied that she had not. She said that the patient was extremely filthy and disturbed; that she was kept in the room in order to avoid trouble; that occasionally she was brought out and strapped to a wooden post which supported the ceiling of the room adjoining. The floor of the room which this patient occupied was wet and foul with urine. The only furniture in the room was an empty bedstead, although it is fair to presume that at night bedding was provided. When it is remembered that the day in question was so cold that snow had fallen and that there was no way for warm air to enter the room except through the door, which was kept closed, it may be justly inferred that this woman suffered from the cold, and her appear-

First Annual Report.

ance indicated that she was cold, although she made no complaint of it.

In another institution a woman was discovered sitting in a strong wooden chair, secured to the floor. A board hinged to one arm of the chair and fastened to the other by means of a padlock rested across her lap so that she could not possibly rise until it was removed; a box-like arrangement underneath contained a chamber. An explanation being asked of the keeper, who accompanied the commissioners, he said that the patient was an exceedingly filthy one; that, unless thus confined, she would defile the whole place in the course of a few hours, and that the chair had been constructed so that the excrement might be deposited in the chamber underneath. It had not occurred to the keeper that prolonged sitting in such a constrained posture on such a seat would soon become very painful and possibly result in permanent injury. At the request of the commissioners the chair was unlocked and the woman taken out, and they examined the contrivance, after which, the keeper, a man, unhesitatingly raised the woman's clothing and replaced her on the chair. It should be stated that this was done openly in the presence of the commissioners, without any attempt at concealment, the keeper apparently not realizing its impropriety. When questioned and admonished, he explained that he had been in the habit of looking after the wants of the women patients as much as he had those of the men; that his wife had other duties to perform a good deal of the time; that it was absolutely necessary that these women should receive attention, and that he had been among such people so long that he had come to make little distinction between the sexes. It is worthy of remark that this keeper appeared to be one of the best and most humane of all that we met, and it was clearly evident that he had performed his duty to the best of his ability and understanding. It need hardly be said that the performance by a man of such services for insane women as are usually and can only properly be performed by women is entirely unjustifiable; or that he should never be upon the women's wards except in the

First Annual Report.

presence of his wife or a female attendant; but when it is understood that at this place, in which there were in round numbers fifty patients, the entire work of the institution except the little performed by the patients was done by the keeper, his wife and a "hired girl," it may be thought that this state of facts possibly furnished some slight excuse for so reprehensible a practice.

In another institution an old, demented and feeble patient was found in bed, having by his side an invalid's chair upholstered with some white fabric for the evident purpose of making it softer. The covering of this chair was befouled with human excrement, which was thoroughly dry at the time it was observed. An examination of this old creature showed that he was suffering from bedsores; that the sheets were soiled and that he was lying on a straw tick that was not more than half filled.

In the same institution in a room adjoining the men's corridor, was found a man about thirty years of age, fastened in a chair at the foot of his bed. He was chewing tobacco and was expectorating the juice upon the once white coverlet of his bed. To the most casual observer it would have been evident that the man, aside from his clearly marked insanity, was much debilitated. When asked why he was fastened, he said it was to prevent his running away; that when he went out to work he was chained. The attendant was asked if that were true, and he said it was. He was told to bring the anklets and chains, and to place them upon the patient as they were placed when he was taken out to work. This he did without hesitation. In justice to the keeper and the management, it should be stated that the patient in reply to a question said that the iron anklets did not hurt him; that they simply prevented his running away; that he wanted to leave the place and go home, and certainly would have done so had he not been restrained. It did not clearly appear why it was necessary for this sick and feeble man to be taken out in chains and worked.

At this same place, a woman was observed sitting upon the ward with a badly swollen face. She complained that she had been unable for days to see the doctor. When the attendant was

First Annual Report.

questioned in regard to the matter, she said that it was evident the commissioners did not understand the case; that the woman frequently made similar complaints, and, even if a doctor were called, he could do but little for her. The medical commissioner examined the woman's face and found that the swelling and pain was due to an ulcerated tooth, from which a very little medical attention would have relieved her. The attendant on the ward afterwards explained that she did her duty as well as she knew how; that she gave the patients all the care and attention possible.

On the women's ward of another institution the scene presented was that of a veritable bedlam. In this ward were found, indiscriminately huddled together, paupers, children, vagrants and insane, all in a state of extreme disorder. One motherly-looking woman was discovered going about the place bare-footed, with apparently nothing on but a skirt and a cotton under-waist, the latter of which was so much disordered as to permit the exposure of her person. The keeper explained that at intervals this woman was "sane" and was then permitted to leave the institution; that at such times she was a modest, respectable, hard-working woman. It certainly appeared to be a monstrous wrong that a woman, who at times is rational, should be compelled to stay in a place where there is little or no distinction made between the sane and the insane pauper.

In one instance, when the question of bathing was under discussion, and when it was found that four and five patients were bathed in the same water, the explanation was made with some care that "the patients with skin diseases are bathed last." In another it was stated that two filthy patients were put in the same bed; undoubtedly, this was for the purpose of saving bed clothing, trouble and annoyance. These two instances of loathsome practices might also be cited in illustration of the crude ideas of classification that obtain in some of these county institutions.

In one of the largest county institutions in the state, one of the only two in which a resident physician is employed, a most deplorable condition of affairs was discovered. This physician was

First Annual Report.

found acting in the place of an attendant; in fact, was attending the male patients or a portion of them at dinner. He was standing over the table giving orders to the patients, his hat on his head and a cigar in his mouth; his tones were rough and brusque in the extreme. His manners and actions were so peculiar that the Commission made some inquiries in regard to his methods. The keeper informed us that he had repeatedly called the attention of the superintendent of the poor to the necessity of having this physician removed; that he was grossly incompetent, and that he, himself, would not take a dose of medicine prescribed by him under any circumstances whatever; and yet it appeared that this physician had been in charge of an institution containing nearly 400 patients for a period of sixteen months, and that he was appointed to his present position the day immediately following his graduation. It needed but a slight examination to disclose the fact that the physician was clearly incompetent for the performance of his duties; that he possessed no practical knowledge of mental diseases, and that this, together with his conduct and bearing, clearly indicated his unfitness for the medical charge of such an institution. The institution, for the most part, was in a state of extreme disorder and confusion, which, with the conduct and appearance of the patients, presented a most distressing picture, closely resembling that of an ideal madhouse as portrayed in the pages of fiction; patients going about singing and shouting, with disheveled hair, disordered clothing — in fact, typical raving maniacs, seemingly beyond the control of the attendants in charge. This state of things was only what might naturally be expected from the total lack of proper supervision. In one of the women's wards, in the presence of the commissioners, a woman fell in an epileptic fit, went through all the horrors of convulsions in the presence of the other patients, and, during their stay on the ward, was allowed to lie there with her limbs exposed, and the other patients walking about and stepping over her without the slightest concern. It is hardly necessary to state that the commissioners took steps to secure the removal of this incompetent physician. It was weeks,

First Annual Report.

however, before the removal was made. After the physician learned that an effort was being made to displace him, he wrote a letter to the Commission in which he asked to be retained, and, among other things, described his qualifications as a medical officer for the care and treatment of the insane. This letter is so extraordinary, and gives such a clear insight into the character, training and qualifications of the writer that the Commission deems it advisable to disclose a portion of its contents to the public, especially as the letter concludes as follows: "This letter I wish you to regard in no way as private." The letter also indicates the duties which he, a resident physician in a poor-house having two departments, was expected to perform: "Nearly all the sickness of the institution is upon the poor-house side. For more than eight months I dressed more than ten ulcers per day on the average, and even as many as fifteen per day. The poor-house contains generally about 180 paupers, and all of these expect and should have treatment. There are always as many as fifty of these pauper invalids that I have to call upon, question, treat if necessary, each day. During the last summer until October, I was obliged to act as an attendant in the men's ward for as many as twenty-four hours per week on the average. This average is under rather than over. * * * Patients are very rarely inclined to hurt any one. When such a thing happens and the patient is a woman, she is simply shut in her room, and in about three cases, that I recollect, not allowed to go to the next meal. If she is very violent and the fit is one of ugliness, we either put her in the down-stairs room or confine her in the crib for five or six hours. If she is persistent, violent and maniacal, we strap her to a chair, put on the muffs or camisole. If the patient is a man, who becomes violent in my presence, I choose to deal with him alone. If an attendant is with me I do not wish his help with such cases as I have had experience with in this institution. I can walk up to any of our men, however violent they may be, and throw them on their backs, without striking or hurting them. After this treatment, three times out of four they are humbled. If they are not, I let them

First Annual Report.

regain their feet and throw them again, and if this does not answer they are confined to a room."

It is not claimed, nor is the impression intended to be conveyed, that this physician represents a fair type of the physicians in charge of the county institutions, but it is safe to assert that any system which admits of such a gross disregard of common decency, humanity and justice is unworthy of perpetuation. Here was a case of the appointment to a responsible position of a man who clearly did not possess the slightest qualifications for the place, and whose lack of qualifications had frequently been called to the attention of the authorities; yet no effort had been made to remove him, and for months thereafter he had been allowed to retain his position, having charge of hundreds of poor, unfortunate and helpless inmates, both sane and insane.

Much has been said of the importance of visits of friends and relatives to insane patients, and it has been urged as an argument against the exclusive care of the insane by the State, that the removal of patients to great distances from home would prevent their receiving such visits. It may well be doubted whether friends or relatives make as many visits as it is claimed they do; in fact, many persons in a position to know deny that such is the case. Moreover, experience has abundantly shown that frequent and indiscriminate visitation of insane patients is often injurious to them, producing excitement, arousing hurtful emotions, and in some cases undoing all that has been accomplished in months of patient and careful medical treatment. Indeed, the commission is convinced that much harm results from the undue extent to which the privilege of visitation is carried under existing rules of boards of management at the State asylums, and that, like all other matters directly affecting the condition or control of the insane, visitation should be regulated by the medical officers. But assuming that the privilege of visitation may be of some importance, the question remains whether the State has not a superior right to insist that every effort be made to promote the recovery or improvement of all its insane. Even if we concede the pro-

First Annual Report.

priety of visitation within reasonable limits, can it possibly outweigh the known and the important benefits resulting to patients from uninterrupted application of such medical treatment and such a standard of care as are not available in county poorhouses?

As respects the relative economy of the two systems, the commission regrets its inability to present facts and figures sufficient to warrant any definite conclusion, owing mainly to the fact that almost without exception county institutions keep no account of the cost of support of their insane apart from that of the sane paupers. In most of them the per capita cost of their combined inmates is only approximately ascertained; or, as one keeper expressed the idea, "We call it one dollar and thirty cents a week, but really it comes nearer two dollars." It will thus be seen that the difference in actual cost per week, between this one institution, at least, and the Willard asylum, is small, perhaps not exceeding twenty-five cents, if it be so much. Of course, due economy should be observed in the care and maintenance of the dependent insane as fully as in any other department of the public service, but no one would desire to have economy carried to an extent that would deprive these unfortunate people of that measure of comfort and care to which their condition entitles them. As compared with State care, it is claimed that the cost of maintenance in county poorhouses is much less. But for the reasons already given, this claim is largely based on conjecture. Indeed, there is no certainty about it. In a few instances a separate estimate had been undertaken, but in each case examined by the commission, it was found that no reliable comparison could be made. For example, in some the officers' salaries were not included; in some the physician's compensation was not taken into account, while in others no allowance was made for the products of the farm or the labor of patients. In the only county where the accounts are entirely distinct, the cost of maintenance is admitted to be considerably more than that charged at the Willard asylum. Many officers of county poorhouses freely admit that if a standard of care equivalent to that maintained at the

First Annual Report.

State asylums were exacted, the per capita cost at the county institutions would largely exceed the rates charged at State asylums for the chronic insane. The reason for this will be readily seen when it is recalled that it costs proportionately more for the care of a small number of insane than of a greater. For example, two night attendants can as well look after fifty patients as after twenty. Then again, in case of a large number of patients some classification can be had; a large number of quiet patients can be kept together with a small amount of attendance, and so on through the various methods of classification which obtain in the large asylums; a similar advantage can be taken in making purchases on a large scale. But, at all events, the per capita difference between the two systems can be but trifling, and should have little or no weight in comparison with the broader question of humanity. Obviously that method alone should be pursued which will insure to the insane the fullest measure of benefit.

The number of chronic pauper insane cared for by the State is 3,138, and the number cared for by the counties, exempt and non-exempt, is 2,233. It will be seen that excluding the counties specially exempted by law, namely, New York, Kings and Monroe, the State already cares for far the greater part of the chronic insane, and, if it be true, as claimed by the advocates of county care that the chronic insane can be cared for as well and at less cost in the county poor-houses than in the State asylums for that class, then it would follow that all of that class should be removed from the State asylums to the poor-houses of the counties to which they belong. If in this matter the State has been following a wrong line, the sooner the mistake is corrected the better. If State care is inexpedient, it should be abandoned, no matter how great the outlay of money has been, and logically the same rule applies to county care. If this is faulty, it should be discontinued, no matter what the cost to the counties has been. But it should be said here that the total value of buildings exclusively used by the insane in the exempted counties can not, in the judgment of the commission, exceed half a million dollars. Furthermore, if

First Annual Report.

the system of county care should be totally abandoned, the buildings now owned by these exempted counties and used as insane departments of the poor-houses could advantageously be utilized for needed accommodations of sane paupers, now, in most cases, it is believed, greatly overcrowded.

In every civilized nation the insane are regarded as the wards of the State, holding to it a relation similar to that of children to their parents; hence the State is justified in special measures regarding them which would not be warrantable in regard to any other class of its citizens. They suffer from a disease which, unlike any other, is peculiar in this, that as a rule deprivation of liberty is an incident to its successful treatment. No person can be deprived of his liberty except by the operation of general laws; and there is no insane person to-day who can be deprived of his liberty except by a judicial decree. To be sure, the insane are deprived of their liberty not only as a primary step to recovery, but also for the protection of the community or of themselves. Nevertheless, their position in this respect is extraordinary, and every proceeding in regard to them should be taken with this fact in view. If a convict complains of cruel treatment, or of lack of food, or of lack of proper shelter, or of lack of medical attendance, it might be said that this resulted from his own evil courses and his disobedience of the laws of the State. So, too, if a sane pauper complains of lack of these things, it might be said that it was his own improvidence and idleness that had compelled him to accept public bounty. Then, again, he is free to refuse that bounty and to seek his subsistence elsewhere in any way that he chooses. Not so, however, with the insane pauper; through no fault of his own he is deprived of his liberty and must submit to the treatment accorded him, whatever its nature. Outside of all this, the great fact remains that, in considering the subject of the care and treatment of the insane, whether by State or county, the highest place should be given to its humane aspect. Many of the insane are rational and appreciative with respect to matters outside of their delusions; they are not insensible to neglect and

First Annual Report.

ill-treatment. It requires no stretch of the imagination to fancy what the condition of such patients must be, with no means of suitable occupation or amusement, with nothing to divert the mind or the eye, with no reading matter, with no light to read during the long evenings if reading matter were provided, to say nothing of enforced association with filthy and disturbed and violent patients. All these things they must think of at times and keenly feel.

The benevolence of this great State, in its care for the insane, has had a progressive development which can not be allowed to stop or halt, but must be maintained. The State's relations to its insane, while greatly improved within the past thirty years, are not yet settled on an entirely satisfactory basis; they need further revision and legislative action; they ought to command a foremost place in public regard, since the claims of suffering humanity take precedence over merely material or pecuniary policies.

The conclusion of the commission regarding the system of county care of the insane is, that however feasible in theory, in practical operation it has been found to have failed and fallen far short of the hope entertained for it when the act of 1871, sanctioning its trial, was passed. As a system it has developed inherent difficulties and defects which seem to be ineradicable, and which make its successful operation in all essential respects impossible. Such being the case, it ought to be abolished and the policy of State care for all of the insane, both chronic and acute, should be re-established at the earliest practicable date. It can not be said that the system of county care has not had a fair trial. It has been in vogue since 1871 under exceptionally advantageous circumstances. During all that time it has had the advantages of State supervision, and yet it has failed to meet every reasonable or just expectation. If the system has been a failure for nearly twenty years, is it not reasonable to conclude that it is likely to be a failure for all time to come? It is not claimed that the system of State care as now conducted is perfect, but it is steadily

First Annual Report.

progressive; it is humanely and intelligently administered; it represents all that is best in the present state of medical knowledge; and whatever other criticism may be passed upon it, it certainly can not be said that the inmates of the State asylums are not comfortably housed, sufficiently clad, properly fed, provided with sufficient attendance and care, and given medical supervision and treatment of an exceptionally high order.

The commission recommends:

1. That all of the insane of the county poor-houses in all of the counties of the State, except New York and Kings, be transferred at the earliest practicable date to State asylums.

2. That to each State asylum should be assigned a certain number of counties having reference to population, proximity to and capacity of the asylum, etc., as a district from which all the insane resident therein shall hereafter be sent to said asylum.

3. That the State erect comparatively inexpensive buildings on the ground of the State asylums, at a total cost for construction, equipment and furniture not exceeding \$550 per patient.

4. That the State assume the entire expense, not only of clothing and maintaining the insane, but also of removing them to and returning them from the asylums.

5. That the Legislature at its present session make a sufficient appropriation to commence the work of erecting and fitting up these buildings.

INCREASE OF INSANITY.

In the absence of uniform and reliable statistics covering a long period of years, it is impossible to accurately determine whether or not the number of insane persons is increasing proportionately faster than the increase of population. At best, opinions only can be given. There certainly has been a numerical increase of the insane each year for a long period of time. It is doubtful, however, if the ratio of recent cases occurring now is much greater than heretofore, excepting perhaps in that most fatal of all forms of mental disease, general paralysis of the in-

First Annual Report.

sane, or, as it is commonly called, paresis; and while there is doubtless some foundation for the popular belief that the ratio of insanity is increasing in all civilized countries, as a result of conditions peculiar to civilization and which tend to undermine both bodily and mental health, it is quite probable that this increase is to a considerable extent more apparent than real. That there has been and is a steady and somewhat rapid increase in the number of insane persons to be cared for is evident to even the most casual observer. The explanation of this large numerical increase is to be found mainly in the following facts: The steady growth of the population arising from native increase and from the annual influx of foreign immigration with its undue proportion of mentally defective persons who, as a rule, remain within the borders of the State; a better and wider knowledge of the nature of insanity which brings to notice a numerous class of cases of a mild type that formerly were not regarded as proper subjects for care increasing confidence in the management of hospitals for the insane, together with a growing realization of the fact that insanity is a disease demanding treatment instead of a demoniacal possession to be regarded with something akin to shame and disgrace, leads the friends of the insane to seek medical advice and treatment for the disease, whereas formerly they tried to conceal its existence; the duration of insane life, also, is materially greater under modern methods of care in asylums. Then, too, the reported number of admissions to asylums is misleading on account of the fact that a single person may be admitted, discharged and readmitted several times, each admission being counted in the returns as a new case. This is a matter of frequent occurrence in asylums. The transfer also of patients from one institution to another, in the returns of each of which they appear as new cases, helps to swell the statistics as to numbers. It is probable, also, that the baneful practice which now obtains of committing recent cases to county alms-houses where they are detained without proper treatment, either permanently or until the chances of recovery have greatly lessened, tends to

First Annual Report.

augment the number of insane, as well as the burden of the taxpayer, and, finally, much greater care is exercised in enumerating the insane than was formerly the case. That to these things the increase is partly attributable, will not be denied.

The commission hopes to secure a registration of all the insane in the State and in time to accumulate an amount of reliable information, from which useful comparisons and valuable deductions may be drawn.

NECESSITY OF ADDITIONAL PROVISION FOR IDIOTS.

There is another unfortunate class which should receive consideration by the Legislature, namely, the idiotic. This class is, perhaps, the most helpless, certainly the most hopeless, of all human beings. Congenitally incapable of any considerable degree of intellectual development and thereby doomed to a sad and distressing condition of inferiority and inability to rise in the scale of life, but little can be done for even the most highly endowed of these individuals, by way of utilizing the small intelligence they possess. But there is a class of them who are helpless and unteachable, and who are destitute of even sufficient intelligence to enable them to exercise the slightest care for themselves, and for these no adequate provision has been made.

At the instance of the commission, Dr. J. C. Carson, superintendent of the State Idiot Asylum, at Syracuse, prepared a paper setting forth his views on the condition of this class, and on the duty of the State in the premises. Of this paper, which is too voluminous to be conveniently printed in full, a copious extract, expressive of its leading points and concurred in by the commission, is given as follows:

Previous to 1851 no public provision had been made by the State for the care of the idiot. In October of that year the first institution was opened. The primary object of this was to furnish teachable idiots with educational advantages, it being felt that they were as well entitled to such advantages as the deaf

First Annual Report.

and dumb or the blind. For many years from that date all the efforts of the State, so far as they related to the idiot, were solely directed towards educating those who were capable of training. It was not until about the beginning of the past decade that those interested in the subject began to perceive that the policy of the State should be modified, and that there was another side to the question fully as important as the one which had heretofore been discussed, namely, the care by the State of the helpless and unteachable idiot. Within this period the State has recognized the necessity of departing from its original purpose by providing a custodial asylum for feeble-minded women, which institution now contains about 250 inmates. The purpose of this institution is solely to keep in custody idiot women of child-bearing age, for reasons that are obvious. It is now urged by philanthropists and others who have given special care and study to the subject that the policy begun by the State in the erection of this institution be greatly extended, and the arguments that have been advanced in behalf of such a course seem both wise and humane and well calculated to promote the welfare of the commonwealth.

According to the best estimates obtainable there are in the State of New York 7,200 idiots. A large proportion of this number is cared for in families or in poor-houses and other institutions. But of the whole, it is estimated that about 1,450 belong to the helpless and unteachable class, or one in every 4,000 of the population. A large part of this number, estimated at nearly one-half, are in the families of the poor, for whom the State has never yet attempted to make any special public provision, the remainder being located as follows: In the State asylums for the insane and the poor-houses, 500; in the Custodial Asylum at Newark, 250; in the Brunswick Home at Amityville, 50, and in the State Asylum at Syracuse, 100; so that in all, the State should make provision for about 1,200 of this class. The 500 in asylums and poor-houses should be removed as soon as other provision can be made for them; and, at all events, steps should be taken by the State at once to provide a custodial asylum for those who

First Annual Report.

receive public care, remembering that every one removed from an asylum increases accommodations needed there for the insane.

The reasons which should induce the State to enter at once upon some scheme for the relief of this helpless and most unfortunate class of people are too obvious to need full enumeration. Humanity and economy strongly appeal for such a course. This class constitutes a detriment to society. The evils which are engendered by their distribution about the State, one, two and sometimes even three, in a single family, where they cause the greatest distress and anxiety, shadowing the lives of all those necessarily brought into their daily presence and association, can scarcely be enumerated, the most fearful of these being their inevitable reproduction, unless permanent care and custody is provided for them.

The Commission has considered this subject, and it cordially indorses the earnest arguments made in behalf of State care for at least the helpless and unteachable idiot, at all events, to the extent above indicated, and it therefore recommends that early action be taken to provide a custodial asylum capable of caring for 1,200 or more inmates. An examination of the matter has satisfied the Commission that it is impracticable to materially enlarge the parent institution at Syracuse.

SUMMARY OF RECOMMENDATIONS.

1. That the system of accounts and statistics of the State asylums should be unified.
2. That the statutes, so far as they relate to the State asylums and the property rights of the insane, should be revised.
3. That official responsibility should be more clearly determined.
4. That the statute relating to private patients in State asylums should be enforced.
5. That the discharge of patients from custody be vested solely in the medical officers.

First Annual Report.

6. That all laws having for their object the division of the insane into the so-called classes "acute" and "chronic" be repealed, and that all the insane be treated solely with reference to their curability.

7. That the law be amended so as to permit the transfer of patients from one asylum to another.

8. That the fee or mileage system, as applied to the transfer or the removal of the insane, should be abolished.

9. That greater safeguards be provided by statute for the service of legal papers upon the insane.

10. That the statute relating to the discharge of public patients upon bonds be amended.

11. Requiring production of the record and permitting the medical officer in charge of an asylum to testify upon the return of a writ of *habeas corpus* sued out to discharge a patient.

12. That the insane State paupers be provided with a different method of treatment from that given to sane State paupers.

13. That the State assume the care of all of the insane poor of all the counties of the State, except New York and Kings.

14. That an asylum be provided for the helpless and unteachable idiots.

CARLOS F. MACDONALD, M. D.,

Chairman.

GOODWIN BROWN,

HENRY A. REEVES,

Commissioners.

STATISTICAL APPENDIX.

STATISTICS.

While it has not been thought necessary to reprint in this report the annual statistical exhibits of the State asylums, an effort has been made to deduce from them, as well as from special tables prepared by the Commission, such general information regarding these institutions, their present valuation, the number and distribution of the insane throughout the State, the cost of their maintenance, the different phases of insanity, its treatment, etc., as the Commission believes will be of interest to the Legislature, to the medical profession and to the public at large. Information upon particular subjects not covered by the tables herewith presented may be found in reports of the managers of the asylums transmitted to the Legislature from time to time during the session.

It has been thought possible to cover in the tables the general operations of State institutions since the earliest date of opening, but because of the impossibility of obtaining statistics concerning the earlier years of several of the asylums and because of lack of uniformity in their existing system of records and finances this plan was reluctantly abandoned. The tables, therefore, cover only the period of the past twelve months and are as complete as the widely differing systems of statistical tabulation in vogue in the various asylums will permit.

Table No. 1 is designed as a general statement of the asylums erected by and under the control of the State, and is an exhibit of the total valuation of these institutions; the amount and classification of the receipts and expenditures during the year; the capacity of the institutions; the weekly per capita cost of the support of patients; the weekly charge to counties, etc.

In Table No. 2 is presented the census of the insane in custody in all the institutions of the State, including State asylums for

First Annual Report.

acute and chronic insane, the State Asylum for Insane Criminals and the State Emigrant Hospital, the asylums of the counties of New York, Kings and Monroe, the city alms-houses, the alms-houses of counties exempted from the operation of the Willard act, the county alms-houses of non-exempted counties, and the licensed and incorporated private asylums of the State.

As will be seen from the table, the number of insane in custody on the 1st day of October, 1889, was 15,507, distributed as follows:

State asylums for acute insane.....	2,063
State asylums for chronic insane.....	3,138
State Asylum for Insane Criminals.....	219
State Emigrant Hospital.....	22
Counties of New York, Kings and Monroe*.....	6,970
City alms-houses.....	6
Alms-houses of exempted counties.....	1,848
Alms-houses of non-exempted counties.....	385
Private and quasi-public asylums.....	856
Total.....	15,507

This shows an increase in the number in custody during the year, of 593. (See increase of insanity, page 75.)

Table No. 3 shows the assigned cause of insanity in 1,000 new cases admitted to State asylums during the year.

Table No. 4 shows the number and percentage of recoveries and deaths in the respective State asylums since date of opening.

Table No. 5 shows the forms of insanity reported in the admissions, recoveries and deaths.

Table No. 6 shows the causes of death of 360 patients who died in State asylums during the year.

Table No. 7 shows the first and subsequent admissions of patients.

Table No. 8 shows civil condition, degree of education, etc., of patients.

* New York, 4,856; Kings, 1,788; Monroe, 326.

First Annual Report.

Table No. 9 shows duration of insanity previous to admission and period under treatment of patients discharged recovered during the year.

Table No. 10 shows duration of insanity previous to admission and period under treatment of patients discharged not recovered during the year.

Table No. 11 shows duration of insanity previous to admission and period under treatment of patients who died during the year.

Tables Nos. 12, 13 and 14 show ages of patients admitted, discharged recovered and died during the year.

Table No. 15 shows alleged duration of insanity of patients admitted during the year.

Table No. 16 shows period of asylum residence of those remaining under treatment September 30, 1889.

Tables Nos. 17 and 18 show occupation and nativity of patients.

Table No. 19 shows residence by counties of patients admitted during the year.

Table No. 20 shows classification and residence by counties of private and public patients remaining in State asylums September 30, 1889.

Table No. 21 shows number of idiots and epileptics in county poor-houses September 30, 1889.

First Annual Report.

TABLE No. 1.

General statement of the seven State asylums, September 30, 1889.

	State Lunatic Asylum Utica.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Date of opening.....	1843.	1871.	1871.	1880.	1869.	1881.	1859.
Total acreage of grounds and buildings.....	225	633	211	208	930	1,057	8
Value of real estate, including buildings.....	\$699,807 89	\$1,887,032 77	\$813,117 16	\$1,314,153 19	\$1,343,800 00	\$574,000 00	\$217,400 00
Value of personal property.....	59,384 08	79,814 15	64,975 00	50,478 53	134,855 81	71,934 44	20,861 96
Acres of farm land under cultivation.....	140	250	27	134	930	800	7
Capacity of institution.....	660	750	550	350	1,938	983	175
Daily average number under treatment.....	645	475	536	383	2,004	1,100	219
Receipts during year from State (for officers' salaries, extraordinary improvements, etc.).....	\$51,826 49	\$184,271 26	\$75,145 85	\$56,159 51	\$26,505 54	\$71,000 00	\$26,710 70
Received from counties.....	111,480 89	93,931 24	51,223 30	70,197 41	253,061 80	147,489 95	20,198 50
Received from private patients.....	41,081 74	31,778 25	90,486 60	14,566 59	.....	.....	.....
Received from all other sources.....	3,801 89	3,164 92	9,049 64	17,299 93	4,271 20	3,250 60	467 31
Total receipts during year.....	\$208,191 01	\$313,145 67	\$225,915 39	\$158,223 44	\$283,838 54	\$221,740 64	\$47,375 51
Total expenditures during year.....	206,292 76	355,225 70	228,622 44	150,818 46	284,871 58	198,860 14	44,578 38
Weekly per capita cost on current expenditure inclusive of clothing.....	\$4 59	\$4 74	\$5 46	\$4 14	\$2 46	\$2 82	\$3 89
Charge to counties.....	3 75	4 20	3 75	3 90	2 25	2 25	3 75
Maximum and minimum rate of wages paid attendants:							
Males.....	\$50-\$20	\$33-\$18	\$36-\$18	\$45-\$22	\$35-\$18	\$28-\$14	\$33-\$18
Females.....	35- 12	30- 12	48- 12	24- 13	22- 12	20- 10	25- 15
Proportion of day attendants to average daily population.....	1 to 6	1 to 8	1 to 7	1 to 8	1 to 11 1-2	1 to 10	1 to 12
Proportion of night attendants.....	1 to 80	1 to 36	1 to 55	1 to 76	1 to 96	1 to 69	1 to 55
Percentage of daily population engaged in some kind of useful occupation.....	46.30	37.00	31.50	82.00	60.00	41.00	55.00
Estimated value of farm and garden products during the year.....	\$17,357 38	\$14,544 92	\$8,389 60	\$8,027 50	\$29,451 09	\$26,802 25	\$1,375 56
Estimated value of furniture and wearing apparel made by patients during the year.....	6,978 38	2,440 56	608 59	2,834 72	14,845 00	4,909 40	2,360 00

First Annual Report.

TABLE No. 2.

Showing the number of insane remaining in institutions in the State October 1, 1888, the number admitted and the total number under treatment during the year, and the number remaining October 1, 1889, with the increase or decrease.

STATE ASYLUMS FOR ACUTE INSANE.

INSTITUTIONS.	REMAINING OCTOBER 1, 1888.			ADMITTED DURING YEAR ENDING OC- TOBER 1, 1889.			TOTAL IN CARE DUR- ING YEAR ENDING OCTOBER 1, 1889.			REMAINING OCTOBER 1, 1889.			INCREASE OR DECREASE.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
State Lunatic Asylum	310	301	611	249	217	466	559	518	1,077	326	327	653	42
Hudson River State Hospital.....	259	217	476	169	129	298	428	346	774	267	235	502	17
State Homeopathic Asylum	229	230	459	146	104	250	375	334	709	274	240	514	55
Buffalo State Asylum.....	172	196	368	166	127	293	338	323	661	263	200	403	35
Total	970	944	1,914	730	577	1,307	1,700	1,521	3,221	1,070	993	2,063	149

STATE ASYLUMS FOR CHRONIC INSANE.

Willard Asylum	945	1,017	1,962	141	127	268	1,086	1,144	2,230	966	1,064	2,030	68
Binghamton Asylum	517	560	1,077	82	82	164	599	642	1,241	524	584	1,108	31
Total	1,462	1,577	3,039	223	209	432	1,685	1,786	3,471	1,490	1,648	3,138	99

STATE ASYLUM FOR INSANE CRIMINALS.

202	15	217	72	2	74	274	17	291	203	16	219	2
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STATE EMIGRANT HOSPITAL AND ASYLUM.

14	12	26	65	69	134	79	81	160	5	17	22	4
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First Annual Report.

COUNTY ASYLUMS FOR ACUTE AND CHRONIC INSANE.

New York county.....	2,403	2,549	4,652	712	705	1,417	2,859	3,254	6,069	2,211	2,645	4,856	204
Kings county.....	681	1,000	1,681	278	245	523	959	1,245	2,204	734	1,054	1,788	107
Monroe county.....	124	166	290	69	54	123	193	220	413	151	175	326	36
Total.....	2,908	3,715	6,623	1,059	1,004	2,063	4,011	4,719	8,686	3,096	3,874	6,970	347

CITY ALMSHOUSES.

[illegible]

COUNTY ASYLUMS, SO CALLED.

89	40	79	10	8	18	49	48	97	38	44	82	8
Broome	39	80	2	4	7	53	43	96	42	82	7	.....
Cattaraugus	50	89	13	15	32	71	71	144	59	61	120	8
Chautauque	56	112	17	1	2	26	30	56	14	30	44	.....
Chemung	25	34	3	1	2	20	23	43	14	21	35	10
Clinton	17	22	38	3	4	20	23	33	14	21	35	4
Cortland	16	16	32	3	5	18	19	31	13	15	28	.....
Erle	193	177	370	70	24	263	201	464	207	184	391	21
Jefferson	7	30	37	2	4	9	54	43	7	34	41	4
Lewis	21	14	35	1	2	22	15	37	21	15	36	.....
Madison	18	13	31	1	22	15	37	21	26	23	49	18
Monroe	145	163	308	41	33	74	196	382	152	169	321	13
Oneida	40	72	112	15	10	25	55	82	137	44	72	4
Onondaga	35	32	67	9	9	18	44	41	85	35	70	3
Orange	34	49	83	14	29	43	48	78	126	35	44	.....
Oswego	36	66	122	18	21	39	74	87	161	57	64	1
Queens	56	66	122	18	21	39	74	87	161	57	64	1
Saratoga	23	28	51	5	7	28	30	58	14	20	34	.....
Schoharie	14	26	40	11	3	25	29	54	16	20	36	17
Tioga	31	34	65	14	10	28	25	29	54	16	20	4
Ulster	33	33	67	10	6	24	45	44	89	43	84	19
Wayne	13	13	26	1	1	14	13	27	9	11	20	8
Wyoming	13	13	26	1	.....	1	14	13	9	11	20	6
Total	867	952	1,819	261	192	453	1,128	2,272	877	971	1,848	94
							1,144					65

TABLE No. 2—COUNTY POORHOUSES—(Concluded).

INSTITUTIONS.	REMAINING OCTOBER 1, 1888.			ADMITTED DURING YEAR ENDING OCTOBER 1, 1889.			TOTAL IN CARE DURING YEAR ENDING OCTOBER 1, 1889.			REMAINING OCTOBER 1, 1889.			First Annual Report.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.	
Albany.....	14	7	21	2	1	3	16	8	24	10	8	18	.....	3	
Allegany.....	3	3	6	.....	2	2	3	5	8	3	8	8	.....	2	
Cayuga.....	14	9	23	1	1	2	15	10	25	6	7	13	.....	10	
Chemung.....	.....	.....	.....	2	.....	2	2	.....	2	.....	.....	.....	.....	.....
Columbia.....	10	13	23	.....	.....	.....	0	13	23	3	8	11	.....	12	
Delaware.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dutchess.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Essex.....	7	5	12	.....	.....	.....	7	5	12	6	4	10	.....	2	
Franklin.....	.....	3	3	.....	.....	.....	.....	3	3	.....	.....	.....	.....	8	
Fulton.....	8	6	14	.....	1	1	8	7	15	8	7	15	.....	1	
Genesee.....	5	1	6	1	.....	1	6	1	7	6	7	13	.....	7	
Greene.....	3	7	10	.....	.....	.....	3	1	4	2	7	9	.....	1	
Hamilton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer.....	18	26	44	1	1	2	19	27	46	19	25	44	.....	.....
Livingston.....	26	35	62	8	5	13	34	31	65	22	32	54	.....	8	
Monroe.....	3	3	6	.....	.....	.....	3	3	6	2	.....	.....	.....	4	
Montgomery.....	8	11	19	1	1	2	9	12	21	7	12	19	.....	.....
Niagara.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ontario.....	4	3	7	.....	.....	.....	4	3	7	.....	.....	.....	.....	7	
Orleans.....	1	3	4	1	.....	1	2	3	5	.....	2	2	.....	2	
Otsego.....	9	6	15	.....	.....	.....	9	6	15	4	3	7	.....	8	
Putnam.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer.....	14	14	28	3	3	6	3	17	20	1	14	15	.....	1	
Richmond.....	9	14	23	6	4	10	15	18	33	5	9	14	.....	9	
Rockland.....	.....	5	5	.....	.....	.....	.....	5	5	.....	3	3	.....	2	
St. Lawrence.....	15	25	40	.....	3	3	15	28	43	15	28	43	.....	3	
Saratoga.....	9	8	17	.....	.....	.....	9	8	17	8	5	13	.....	4	
Schoharie.....	2	.....	2	1	1	2	1	1	2	2	1	3	.....	1	
Schoenher.....	1	4	5	.....	.....	.....	1	4	5	1	4	5	.....	.....
Schenectady.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	2	.....	2	2	.....	2	2	.....	2	.....	2	
Steuben.....	1	3	4	.....	.....	.....	1	4	5	1	3	4	.....	.....
Sullivan.....	13	27	40	2	1	3	15	27	42	10	24	34	.....	6	
Tompkins.....	4	4	8	.....	.....	.....	4	4	8	1	.....	1	.....	.....
Townsend.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warren.....	2	2	4	1	2	3	3	4	7	2	3	5	.....	1	

First Annual Report.

Washington.....	6	11	17	4	3	7	10	14	24	7	11	18	1	.....
Westchester.....	.....	.....	.....	22	13	35	22	13	35	3	2	5	5	.....
Yates.....	.....	1	.....	.....	.....	.....	.....	1	1	.....	1	.....	.....	.....
Total.....	195	260	455	57	42	99	252	302	554	229	156	385	18	88

PRIVATE ASYLUMS.

Bloomington.....	129	167	296	104	72	176	233	239	472	143	170	313	17	.....
Sanford Hall.....	14	16	30	3	2	5	17	13	85	11	14	25	.....	5
Marshall Infirmary.....	47	46	93	94	42	76	81	88	169	49	60	109	16	.....
Providence Asylum.....	28	98	126	29	47	76	57	143	202	24	95	119	.....	7
Brigham Hall.....	28	35	63	19	8	27	47	43	50	33	33	66	3	.....
St. Vincent's Retreat.....	.....	57	57	.....	30	30	.....	57	57	.....	59	59	2	.....
Long Island Home.....	40	44	84	94	28	62	74	72	146	45	43	87	3	.....
Brunswick Home.....	8	3	11	19	32	51	27	35	62	14	21	35	24	.....
Louden Hall.....	3	6	9	5	11	16	8	17	25	3	9	12	3	.....
Keith Home.....	.....	14	14	.....	8	8	.....	22	22	.....	11	11	.....	3
Dr. Brown's Home.....	.....	1	1	.....	.....	.....	.....	1	1	.....	1	1	.....	.....
Hill View.....	.....	.....	.....	1	.....	1	1	.....	1	.....	.....	1	1	.....
Dr. Choate's Home.....	2	6	8	2	3	5	4	9	13	2	5	7	.....	1
Dr. Parsons' Retreat.....	.....	1	1	1	4	5	1	5	6	.....	2	2	1	.....
Dr. Combes' Sanitarium.....	.....	.....	.....	7	.....	7	7	.....	7	6	.....	6	6	.....
Glen Mary.....	1	1	2	1	1	2	2	2	4	1	1	1	.....	1
Dr. Kittredge's Asylum.....	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Total.....	301	496	797	259	286	517	559	783	1,342	333	523	856	76	17

First Annual Report.

TABLE No. 3.

Showing assigned causes of insanity in 1,000 new cases admitted to
State asylums during the year ending September 30, 1889.

	Men.	Women.	Total.
Arrest of mental development (imbecility).....	9	2	11
Cerebral hemorrhage	2	7	9
Chorea .....	....	1	1
Cinchonism	1	1	2
Congenital defect	4	....	4
Congenital defect and overwork	1	4	5
Electric shock	1	....	1
Epilepsy	35	13	48
Excessive study	1	1	2
Excessive use of tobacco .....	....	1	1
General ill health	76	137	213
General paresis	40	3	43
Hereditary predisposition	6	....	6
Hypochondriasis	1	....	1
Ill health, from want and privation	1	2	3
Intemperance in drink	151	23	174
Intemperance in drink and opium	1	....	1
Isolated life	1	....	1
Locomotor ataxia	1	....	1
Loss of sleep	1	2	3
Masturbation	40	5	45
Meningitis	1	2	3
Change of life .....	....	30	30
Menstrual irregularities .....	....	9	9
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficul- ties, grief, fright, disappointed affection, dis- appointed ambition, political excitement, re- ligious excitement, etc	83	81	164
Nicotine poisoning	1	....	1
Old age	15	23	38
Opium habit	4	3	7
Overwork and worry	25	59	84
Miasmatic poisoning	2	....	2
Phthisis pulmonalis	2	5	7
Pneumonia	1	1	2
Polio-myelitis anterior .....	....	1	1
Prolonged lactation .....	....	2	2
Puerperal, including childbirth, abortion, etc... ..	....	33	33
Rheumatism	1	....	1
Scarlet fever	1	1	2
Sexual excesses	4	....	4

First Annual Report.

TABLE No 3—(*Concluded*).

Showing assigned causes of insanity in 1,000 new cases admitted to
State asylums during the year ending September 30, 1889.

	Men.	Women.	Total.
Spiritualism.....	1	....	1
Sunstroke	13	1	14
Surgical operation .....	....	1	1
Syphilis	5	2	7
Typhoid fever	3	....	3
Uterine disease.....	....	1	1
Vicious habits and indulgences	5	3	8
Total.....	540	460	1,000

First Annual Report.

[illegible]

First Annual Report.

TABLE No. 4 (*Concluded*).
Showing the number and percentage of recoveries and deaths in the seven State asylums since date of opening,
on the average daily number resident.

YEAR.	WILLARD ASYLUM.				BINGHAMTON ASYLUM.				STATE ASYLUM FOR INSANE CRIMINALS.			
	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Recoveries.	Percentage.
1843.....												
1844.....												
1845.....												
1846.....												
1847.....												
1848.....												
1849.....												
1850.....												
1851.....												
1852.....												
1853.....												
1854.....												
1855.....												
1856.....												
1857.....												
1858.....												
1859.....												
1860.....												
1861.....												
1862.....												
1863.....												
1864.....												
1865.....												
1866.....												
1867.....												
1868.....												
1869.....												
1870.....	296	8	3.5	14	6.2	78	6	7.72	3	3.86	6	7.54
1871.....	496	8	3.5	52	11.9	67	8	10.25	4	5.12	8	8.94
1872.....	564	7	1.2	43	7.6	84	7	8.33	5	5.95	7	8.33

First Annual Report.

TABLE No. 5.

Showing forms of insanity in admissions, recoveries and deaths at the seven State asylums during the year ending September 30, 1889.

FORM OF INSANITY.	STATE LUNATIC ASYLUM.			HUDSON RIVER HOSPITAL.			STATE HOMOEOPATHIC HOSPITAL.			BUFFALO STATE ASYLUM.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	50	30	3	48	33	5	71	39	3	70	42	2
Mania, sub-acute.....	61	17	2	21	6	1	21	8	.....	13	1	1
Mania, acute delirious.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Mania, paroxysmal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mania, periodic.....	1	.....	.....	.....	.....	.....	.....	.....	.....	3	2	.....
Mania puerperal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Mania recurrent.....	.....	.....	.....	5	.....	.....	.....	.....	.....	.....	.....	.....
Mania, chronic.....	40	.....	.....	26	.....	.....	.....	.....	.....	.....	.....	.....
Melancholia (not classified).....	191	75	27	120	52	4	25	.....	.....	19	3	.....
Melancholia, acute.....	.....	.....	.....	.....	.....	11	.....	36	2	100	33	17
Melancholia, acute delirious.....	.....	.....	.....	.....	.....	.....	57	.....	.....	.....	.....	.....
Melancholia, chronic.....	.....	.....	4	.....	.....	.....	1	1	1	.....	.....	.....
Melancholia, with stupor.....	.....	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	.....
Dementia (not classified).....	55	2	13	54	9	15	1	.....	.....	.....	.....	.....
Dementia, secondary.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	44	9	6
Dementia, alcoholic.....	.....	.....	.....	.....	.....	.....	9	.....	.....	.....	.....	.....
Dementia, masurbiatic.....	.....	.....	.....	.....	.....	.....	18	12	1	.....	.....	.....
Dementia, paralytic.....	.....	.....	.....	.....	.....	.....	7	4	.....	.....	.....	.....
Dementia, senile.....	.....	.....	.....	.....	.....	.....	8	.....	.....	.....	.....	.....
Congenital.....	4	.....	.....	.....	.....	.....	12	1	2	.....	.....	.....
Idiocy, congenital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epileptic insanity.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy with dementia.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy with mania.....	7	.....	.....	.....	.....	.....	.....	.....	.....	10	7	.....
Epilepsy with melancholia.....	.....	.....	.....	.....	.....	.....	4	.....	.....	1	.....	.....

First Annual Report.

Imbecility.....							2	1	.....	11	.....	2
Imbecility with maniacal paroxysms.....	12	.....							.....	12	.....	.....
Paresis.....	12	.....	7	.....	14	.....		11	.....	98	.....	61
Morphia habit.....									.....	2	.....	.....
Alcoholism.....									.....	11	.....	2
Not insane *.....								3	.....	22	.....	.....
Total	268	20	113	164	19	69	74	11	10	1,813	469	360

* Includes cases of intemperance, opium habit, etc.

First Annual Report.

TABLE No. 6.																							
Showing causes of death of 360 patients, who died in the seven State asylums during the year.																							
	STATE LUNATIC ASYLUM.			HUDSON RIVER STATE HOSPITAL.			STATE HOMOEOPATHIC ASYLUM.			BUFFALO ASYLUM.			WILLARD ASYLUM.			BINGHAMTON ASYLUM.			STATE ASYLUM FOR INSANE CRIMINALS.			Aggregate.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.		
Total died.....	37	32	69				33	13	46	14	1	15	21	17	38			113	37	32	69	10	360
Acute gastritis and enteritis .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acute bronchitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Anæmia (pernicious).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Asthenia.....	2	7	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Asthenia, fracture of arm, etc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bright's disease.....	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer of breast.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer of face.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebral hæmorrhage.....	1	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebral softening.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chronic diarrhoea.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Debility from old age.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes mellitus.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dysentery.....	2	2	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Emphysema.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Empyæmia.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Enteric fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Erysipelas.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Erysipelas (phlegmonous).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Exhaustion from mental disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fracture of rib and pleurisy.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hæmorrhage.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Heart disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intestinal stricture.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Liver disease.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Locomotor ataxia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis and organic brain disease.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

TABLE No. 6.

Showing causes of death of 360 patients, who died in the seven State asylums during the year.

First Annual Report.

[illegible]

First Annual Report.

NUMBER OF ADMISSIONS.	STATE LUNATIC ASYLUM.		HUDSON RIVER STATE HOSPITAL.		STATE HOMEOPATHIC ASYLUM.*		BUFFALO ASYLUM.		WILLARD ASYLUM.		BINGHAMTON ASYLUM.*		STATE ASYLUM FOR INSANE CRIMINALS.	
	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.	Cases admitted.	Times previously discharged re- covered.
Not insane.....	417	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
First.....	388	28	267	.....	.....	.....	267	.....	.....	1	.....	.....	62	.....
Second.....	38	10	23	12	.....	.....	22	9	1	.....	.....	.....	8	4
Third.....	15	4	2	2	.....	.....	4	2	1	.....	.....	.....	8	3
Fourth or more.....	8	3	6	5	.....	.....	.....	.....	1	.....	.....	.....	1	.....
Total cases.....	466	45	298	19	.....	.....	293	11	268	2	.....	.....	74	7
Total persons.....	488	.....	298	.....	.....	.....	263	.....	268	.....	.....	.....	.....	.....

* Failed to report.

† Cases of intemperance, opium habit, etc.

TABLE No. 7.
Showing the first and subsequent admissions of those admitted to State asylums during the year.

First Annual Report.

TABLE No. 8.

Showing hereditary transmission, civil condition and degree of education in 1,813 cases admitted to State asylums during the year.

HEREDITARY TRANSMISSION.

Paternal branch.....	117
Maternal branch.....	185
Paternal and maternal branches.....	21
Collateral branches.....	159
No hereditary tendency ascertained.....	1,331
Total.	1,813

CIVIL CONDITION.

Single.	797
Married.	798
Widowed.	186
Divorced.	6
Unascertained.	26
Total.	1,813

DEGREE OF EDUCATION.

Collegiate.	27
Academic.	117
Common school.	1,130
Read and write.	138
Read only.	102
No education.	134
Deaf-mute.	1
Unascertained	164
Total.	1,813

First Annual Report.

TABLE No. 9.

Showing duration of insanity previous to admission, and the period under treatment of 469 cases discharged recovered from the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Under one month	26	20	20	31	....	2	1
One to three months	31	30	23	23	....	1	....
Three to six months	15	18	21	10	....	2	1
Six to nine months	16	4	15	3	....	1	1
Nine months to one year	4	3	....	4	11	....	1
One year to eighteen months	20	4	....	2	2	....	1
Eighteen months to two years .....	....	2	12	3	....	....	....
Two to three years	1	4	....	1	3	4	1
Three to four years .....	....	....	....	1	....	....	....
Four to five years	1	1	4	1	....	1	....
Five to ten years	1	3	1	1	....	5	....
Ten to twenty years .....	....	....	....	5	....	1	....
Unascertained	11	13	....	5	4	2	5
Total	126	102	101	90	20	19	11

PERIOD UNDER TREATMENT.

Under one month .....	....	2	....	2	....	4	....
One to three months	15	22	14	11	....	4	....
Three to six months	41	42	23	25	....	3	3
Six to nine months	29	16	23	21	....	....	1
Nine months to one year	15	4	20	12	15	4	2
One year to eighteen months	19	5	8	10	4	1	2
Eighteen months to two years	3	5	6	1	....	2	1
Two to three years	3	2	5	5	....	1	1
Three to four years	1	3	....	3	1	1	1
Four to five years .....	....	....	....	....	....	3	....
Five to ten years .....	....	1	2	....	....	....	....
Total	126	102	101	90	20	19	11

TABLE No. 10.

Showing duration of insanity and the period under treatment of patients discharged not recovered from State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Under one month	32	13	....	16	....	5	7
One to three months	21	14	....	16	....	....	4
Three to six months	24	13	....	7	....	....	7
Six to nine months	15	11	....	11	....	....	2
Nine months to one year	12	....	....	15	18	2	....
One year to eighteen months	23	12	....	4	3	3	3

* Failed to report.

First Annual Report.

TABLE No. 10—(Concluded).

Showing duration of insanity and the period under treatment of patients discharged not recovered from State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Eighteen months to two years.....	11	1	...	9	...	1	...
Two to three years.....	15	8	...	7	7	7	1
Three to four years.....	...	6	...	2	2	4	...
Four to five years.....	13	1	...	7	3	3	...
Five to ten years.....	10	10	...	2	8	4	...
Ten to twenty years.....	8	5	...	4	8	6	2
Twenty to thirty years.....	4	3	...	...	2	1	...
Over thirty years.....	...	3	...	15	4	...	...
Unascertained.....	24	31	...	5	12	9	19
Inebriates.....	...	...	...	9	...	...	...
Morphine habit.....	...	...	...	1	...	...	...
Total.....	212	131	...	130	67	45	45

PERIOD OF TREATMENT.

Under one month.....	8	4	...	11	...	...	...
One to three months.....	15	16	...	7	...	4	...
Three to six months.....	15	10	...	16	...	8	5
Six months to nine months.....	14	13	...	8	...	2	4
Nine months to one year.....	24	6	...	5	33	4	2
One year to eighteen months.....	49	23	...	17	...	4	4
Eighteen months to two years.....	32	16	...	8	...	1	...
Two to three years.....	42	24	...	37	21	6	6
Three to four years.....	...	12	...	10	...	5	9
Four to five years.....	12	2	...	1	5	5	3
Five to ten years.....	1	5	...	...	4	6	5
Ten to twenty years.....	...	...	...	...	4	...	3
Twenty to thirty years.....	...	...	...	...	...	...	4
Inebriates and morphia habit.....	...	...	...	10	...	...	...
Total.....	212	131	...	130	67	45	45

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of patients who died at the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Under one month.....	7	3	...	3	...	...	1
One to three months.....	10	2	...	2	...	1	...
Three to six months.....	5	...	...	2	...	1	1
Six to nine months.....	5	4	...	3	...	...	...

* Failed to report.

First Annual Report.

TABLE No. 11 — (Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients who died at the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Nine months to one year.....	2	1	...	4	9	...	...
One year to eighteen months.....	14	5	...	22	...	4	...
Eighteen months to two years.....	1	1	...	3	12	2	...
Two to three years.....	10	1	...	...	17	15	...
Three to four years.....	4	1	...	2	6	7	...
Four to six years.....	...	...	...	...	7	1	...
Six to ten years.....	2	4	...	1	16	10	...
Ten to twenty years.....	1	1	...	2	11	3	...
Twenty years and over.....	1	1	...	1	6	2	...
Unascertained.....	7	17	...	1	29	23	8
Total.....	69	46	...	38	113	69	10

PERIOD UNDER TREATMENT.

Under one month.....	10	8	9	...	...	4	...
One to three months.....	8	7	1	4	...	3	...
Three to six months.....	13	6	...	7	...	4	2
Six to nine months.....	9	4	...	3	...	3	...
Nine months to one year.....	4	5	1	6	41	3	1
One year to eighteen months.....	12	5	4	...	...	7	...
Eighteen months to two years.....	2	3	...	2	17	5	...
Two to three years.....	4	2	...	3	5	13	2
Three to four years.....	1	2	...	1	4	12	1
Four to six years.....	...	2	...	3	3	7	...
Six to ten years.....	1	2	...	...	22	8	...
Ten to twenty years.....	3	...	...	...	21	...	3
Twenty years and over.....	2	...	...	...	...	...	1
Total.....	69	46	15	38	113	69	10

TABLE No. 12.

Showing ages of 1,813 patients admitted during the year ending September 30, 1889, to the seven State asylums.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From five to ten years.....	...	1	...	...	...	...	...
From ten to fifteen years.....	2	...	2	2	...	...	...
From fifteen to twenty years.....	27	9	10	22	10	...	4
From twenty to twenty-five years.....	40	43	22	21	...	...	19
From twenty-five to thirty years.....	60	43	32	43	46	23	21
From thirty to thirty-five years.....	53	41	34	44	...	18	13
From thirty-five to forty years.....	52	20	41	33	55	14	8

* Failed to report.

First Annual Report.

TABLE No. 12—(Concluded).

Showing ages of 1,813 patients admitted during the year ending September 30, 1889, to the seven State asylums.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From forty to fifty years.....	118	59	61	70	58	38	7
From fifty to sixty years.....	63	44	23	37	40	25	1
From sixty to seventy years.....	39	23	14	12	24	18	1
From seventy to eighty years.....	11	13	11	8	30	8	.....
From eighty to ninety years.....	1	3	.....	1	5	3	.....
From ninety to one hundred years.....	.....	.....	.....	.....	.....	1	.....
Total	466	298	250	293	268	164	74

TABLE No. 13.

Showing ages of 469 patients discharged recovered from the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From ten to twenty years.....	9	7	.....	6	.....	.....	.....
From twenty to thirty years.....	35	36	.....	23	6	5	7
From thirty to forty years.....	37	21	.....	34	7	6	3
From forty to fifty years.....	29	21	.....	15	4	4	1
From fifty to sixty years.....	10	10	.....	10	3	3	.....
From sixty to seventy years.....	6	7	.....	1	.....	.....	.....
From seventy to eighty years.....	.....	.....	.....	1	.....	1	.....
Total	126	102	101	90	20	19	11

TABLE No. 14.

Showing ages of 360 patients who died at the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From ten to fifteen years.....	.....	1	.....	.....	.....	.....	.....
From fifteen to twenty years.....	1	.....	.....	.....	.....	1	.....
From twenty to twenty-five years.....	1	1	1	.....	3	4	1
From twenty-five to thirty years.....	4	2	1	3	5	3	3
From thirty to thirty-five years.....	4	1	2	.....	5	3	.....

First Annual Report.

TABLE No. 14 — (*Concluded*).

Showing ages of 360 patients who died at the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From thirty-five to forty years.....	7	2	2	12	16	7	.....
From forty to fifty years.....	19	13	6	7	20	13	1
From fifty to sixty years.....	15	9	...	10	21	13	3
From sixty to seventy years.....	8	5	1	3	25	7	2
From seventy to eighty years.....	9	10	2	2	12	6	...
From eighty to ninety years.....	1	1	...	1	5	2	.....
Over ninety years.....	...	1	...	...	...	...	.....
Total	69	46	15	38	113	69	10

TABLE No. 15.

Showing alleged duration of insanity previous to admission in 1,813 cases admitted to the State asylums during the year.

Under one month.....	212
One to three months.....	230
Three to six months.....	192
Six to nine months.....	72
Nine months to one year.....	118
One year to eighteen months.....	101
Eighteen months to two years.....	68
Two to three years.....	169
Three to four years.....	47
Four to five years.....	59
Five to ten years.....	116
Ten to fifteen years.....	20
Fifteen to twenty years.....	48
Twenty to thirty years.....	32
Thirty years and upwards.....	16
Not insane*	30
Congenital.....	1
Unascertained	282
Total.....	1,813

* Including cases of intemperance, opium habit, etc.

First Annual Report.

TABLE No. 16.

Showing period of residence in asylum of those remaining under treatment in the State asylums September 30, 1889.

Under one month.....	100
One to three months.....	224
Three to six months.....	344
Six to nine months.....	254
Nine months to one year.....	184
One year to eighteen months.....	415
Eighteen months to two years.....	339
Two to three years.....	490
Three to four years.....	371
Four to five years.....	342
Five to ten years.....	1,035
Ten to fifteen years.....	503
Fifteen to twenty years.....	395
Twenty to thirty years.....	11
Thirty years and upwards.....	10
Total.....	5,017

TABLE No. 17.

Occupations and trades of 1,813 patients admitted to the seven State asylums during the year ending September 30, 1889.

Agents.....	6
Artist.....	1
Asylum attendant.....	1
Author.....	1
Bakers.....	4
Barbers.....	12
Barkeepers.....	3
Basketmaker.....	1
Blacksmiths.....	11
Boatmen.....	6

First Annual Report.

Boilermakers.	2
Book agents.	2
Bookkeepers.	16
Bootblack.	1
Brakemen.	4
Brass-finisher.	1
Brewer.	1
Bricklayers.	4
Broker.	1
Butchers.	10
Carriage painter.	1
Carpenters.	27
Chemists.	3
Chiropodist.	1
Christian worker.	1
Cigar dealer.	1
Cigarmakers.	7
Civil engineers.	4
Clergymen.	3
Clerks.	42
Cloth designer.	1
Coachmen.	12
Contractors.	2
Cooks.	7
Coopers.	3
Cutler.	1
Dentists.	3
Dressmakers.	2
Drivers.	5
Druggists.	3
Editor.	1
Electrician.	1
Engineers.	3
Expressmen.	3
Factory operatives.	53

First Annual Report.

Farmers and farm laborers.....	163
Finisher.....	1
Firemen.....	6
Fisherman.....	1
Fish peddler.....	1
Foreman.....	1
Fruiterer.....	1
Furrier.....	1
Gardeners.....	6
Glassblowers.....	2
Glovemaker.....	1
Grocers.....	2
Hackman.....	1
Harness makers.....	2
Hatters.....	3
Hotel keepers.....	5
Horse trader.....	1
Horse trainers.....	4
Housekeepers.....	454
Houseworkers.....	165
Inspector of vessels.....	1
Insurance agents.....	3
Jewelers.....	5
Journalists.....	4
Laborers.....	196
Lacemaker.....	1
Laundresses.....	3
Lawyers.....	15
Letter carrier.....	1
Lime burner.....	1
Liquor dealer.....	1
Lithographer.....	1
Locomotive fireman.....	1
Lumber dealer.....	1
Lumberman.....	1

First Annual Report.

Machinists.	12
Manufacturers.	2
Mariners.	3
Masons.	10
Mechanic.	1
Merchants.	38
Milkman.	1
Millers.	4
Millhand.	1
Milliners.	3
Millwright.	1
Miners.	4
Minister.	1
Molders.	18
Musician.	1
Night watchman.	1
Oystermen.	2
Painters and varnishers.	14
Papermaker.	1
Pattern makers.	2
Peddlers.	5
Photographers.	2
Physicians.	7
Pianomaker.	1
Plumbers.	2
Policemen.	4
Printers.	12
Prostitutes.	2
Puddler.	1
Rag picker.	1
Railroad conductor.	1
Railroad employes.	10
Real estate agents.	2
Ropemakers.	2
Saddler.	1

First Annual Report.

Sailors.	4
Salesmen and saleswomen.	9
Saloon keepers.	3
Sashmaker.	1
Sawyer.	1
School girls.	2
Seamen and boatmen.	3
Seamstresses.	17
Shirt ironer.	1
Shirt cutter.	1
Shoemakers.	16
Silk warper.	1
Silk weaver.	1
Speculators.	2
Spiritual mediums.	2
Stenographers.	3
Stonecutters.	5
Storekeeper.	1
Students.	12
Switchman.	1
Tailors and tailoresses.	21
Tanners.	4
Teachers.	22
Teamsters.	4
Telegraph operators.	3
Tinsmiths.	2
Upholsterer.	1
Waiters and waitresses.	2
Washerwomen.	2
Watchman.	1
Weavers.	7
Wheelwright.	1
Wood carvers.	5
Wood engraver.	1
Workers in metal.	4

First Annual Report.

Worker in rubber.....	1
Workers in stone.....	3
Workers in wood.....	4
No occupation.....	120
Unascertained.....	12
Total.....	1,813

TABLE No. 18.

Showing the nativity of 1,813 patients admitted to the seven State asylums during the year.

	State Lunatic Asylum.	Hudson River State Hospital.	State Homeo- pathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.	Aggregate.
Total admissions.....	466	298	250	293	268	164	74	1,813
Total born in United States	328	201	201	202	160	98	60	1,250
Canada	9	10	2	13	2	5	...	41
Denmark	1	1	...	1	...	...	...	3
England	17	6	10	10	11	...	3	57
France	2	...	2	1	...	1	...	6
Germany	34	20	13	31	17	12	3	130
Holland.....	1	...	...	1	...	...	...	2
Ireland	63	51	19	19	50	45	4	251
Italy .....	...	1	...	1	1	...	2	5
New Brunswick.....	...	...	1	...	...	...	...	1
Newfoundland .....	...	...	...	1	...	...	...	1
Norway .....	...	...	...	2	...	...	...	2
Poland	1	...	...	1	1	...	...	3
Russia .....	...	...	...	2	...	...	...	2
Scotland	3	4	...	4	3	1	...	15
Sweden .....	...	1	...	3	1	...	...	5
Switzerland	1	3	2	...	...	2	...	8
Wales	1	...	...	1	...	...	...	2
Total foreign born	134	97	49	91	86	66	14	537
Unascertained	4	...	...	...	22	...	...	26

First Annual Report.

TABLE No. 19.

Showing residence by counties of patients admitted to the seven State asylums during the year.

COUNTIES.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Albany	56	9	5	...	6	30	1
Allegany .....	...	...	...	10	5	6	...
Broome	14	...	5	...	...	1	...
Cattaraugus .....	...	...	...	6	...	...	...
Cayuga	32	...	...	...	9	...	...
Chautauqua .....	...	...	1	...	...	...	...
Chemung	1	...	4	17	12	1	...
Chenango	12	...	...	...	...	3	...
Clinton .....	...	12	...	...	...	...	...
Columbia .....	...	18	...	...	6	...	...
Cortland	4	...	...	...	...	1	...
Delaware	8	...	9	...	...	1	...
Dutchess .....	...	68	1	...	7	6	...
Erie	1	...	1	128	3	...	...
Essex	9	...	...	...	...	2	...
Franklin	4	...	...	...	5	...	...
Fulton	7	...	1	...	6	2	...
Genesee	1	...	...	7	3	...	...
Greene .....	...	14	...	...	...	...	...
Hamilton .....	...	...	...	...	...	...	...
Herkimer	19	...	...	...	...	...	...
Jefferson	18	...	...	...	3	...	...
Kings .....	...	3	7	...	...	1	...
Lewis	10	...	...	...	1	...	...
Livingston	1	...	2	4	...	...	...
Madison	21	...	...	...	...	...	...
Monroe .....	...	...	1	36	3	...	...
Montgomery	24	...	...	...	3	4	...
New York .....	...	28	26	...	...	...	1
Niagara .....	...	...	...	20	14	...	...
Oneida	100	...	2	...	1	...	1
Onondaga	38	...	19	...	12	5	...
Ontario .....	...	...	...	2	30	...	...
Orange .....	...	2	1	...	...	7	...
Orleans .....	...	...	59	7	5	...	...
Oswego	34	...	...	...	...	...	...
Otsego	3	...	...	...	6	18	...
Putnam .....	...	5	...	...	...	2	...
Queens .....	...	32	2	...	18	...	...
Rensselaer	1	36	3	...	2	31	...
Richmond .....	...	3	7	...	...	...	...
Rockland .....	...	...	18	...	...	...	...
St. Lawrence	27	...	1	128	...	5	1
Saratoga	2	...	14	...	5	12	...
Schenectady	3	...	...	...	3	...	...
Schoharie .....	...	...	1	...	3	5	...
Schuyler .....	...	...	...	...	5	...	...
Seneca .....	...	...	...	...	10	...	...
Steuben .....	...	...	1	31	6	8	...
Suffolk	2	1	22	...	...	5	1
Sullivan .....	...	...	6	...	...	...	...
Tioga .....	...	...	3	...	...	1	...
Tompkins .....	...	...	...	...	18	1	...
Ulster .....	...	20	18	...	...	...	...
Warren .....	...	2	5	...	3	4	...
Washington	12	...	1	...	5	...	...
Wayne	2	...	...	11	6	...	...
Westchester .....	...	44	3	...	32	...	...
Wyoming .....	...	...	...	6	...	...	...
Yates .....	...	...	...	...	11	...	...
State patients .....	...	...	...	1	1	...	69
Other States .....	...	...	1	...	...	...	...
Soldiers' Home .....	...	...	...	...	...	2	...
Total	466	298	250	293	268	164	74

First Annual Report.

Ontario.....	2	1	34	5	99	1
Orange.....	1	54	18	31	32	33
Orleans.....	1	.....	.....	20	31	.....
Oswego.....	3	.....	.....	19	44	3
Putnam.....	3	.....	.....	16	6	.....
Queens.....	34	1	5	67	6	1
Rensselaer.....	65	5	5	167	170	2
Richmond.....	13	2	8	20	4	2
Rockland.....	1	22	1	10	9	1
St Lawrence.....	.....	.....	2	45	6	2
Saratoga.....	.....	16	.....	23	51	.....
Schenectady.....	.....	.....	.....	30	.....	.....
Schoharie.....	1	.....	.....	27	12	1
Schuyler.....	.....	.....	.....	42	1	.....
Seneca.....	.....	.....	.....	09	.....	1
Steuben.....	.....	1	44	1	60	1
Suffolk.....	3	28	.....	4	30	3
Sullivan.....	.....	12	2	.....	8	.....
Tioga.....	.....	8	1	.....	6	.....
Tompkins.....	.....	.....	.....	55	1	1
Ulster.....	37	23	8	19	12	5
Warren.....	10	6	.....	6	12	8
Washington.....	.....	1	.....	29	13	1
Wayne.....	1	8	.....	13	.....	.....
Westchester.....	43	10	7	4	165	1
Wyoming.....	.....	8	.....	7	7	.....
Yates.....	.....	.....	.....	48	.....	.....
State patients.....	.....	.....	.....	16	18	134
Soldiers Home.....	.....	.....	1	12	7	.....
City of Kingston.....	.....	.....	9	18	.....	.....
City of Newburgh.....	.....	.....	.....	12	.....	.....
Other States.....	.....	.....	1	.....	.....	.....
Insane Indians.....	.....	.....	.....	.....	1	.....

First Annual Report.

TABLE No. 21.

Showing the number of idiots and epileptics in county poorhouses
October 1, 1889.

COUNTIES.	IDIOTS.			EPILEPTICS.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	2	.....	2	1	1	2
Allegany.....	4	4	8	1	2	3
Broome.....	6	1	7	8	.....	8
Cattaraugus.....	.....	.....	.....	.....	.....	.....
Cayuga.....	1	1	2	3	2	5
Chautauqua.....	3	4	7	6	4	10
Chemung.....	.....	.....	.....	2	4	6
Chenango.....	.....	.....	.....	2	.....	2
Clinton.....	12	7	19	2	2	4
Columbia.....	8	4	12	3	1	4
Cortland.....	.....	.....	.....	3	.....	3
Delaware.....	.....	.....	.....	.....	.....	.....
Dutchess.....	.....	.....	.....	1	.....	1
Erie.....	1	2	3	17	9	26
Essex.....	5	3	8	2	.....	2
Franklin.....	1	1	2	2	.....	2
Fulton.....	2	1	3	2	1	3
Genesee.....	1	1	2	1	.....	1
Greene.....	3	1	4	.....	.....	.....
Hamilton.....	.....	.....	.....	.....	.....	.....
Herkimer.....	4	4	8	1	3	4
Jefferson.....	.....	.....	.....	3	1	4
Kings.....	.....	.....	.....	67	48	115
Lewis.....	.....	.....	.....	1	1	2
Livingston.....	6	2	8	4	3	7
Madison.....	.....	.....	.....	3	4	7
Monroe.....	3	.....	3	4	4	8
Montgomery.....	4	3	7	4	5	9
New York.....	198	123	321	.....	.....	.....
Niagara.....	.....	.....	.....	.....	.....	.....
Oneida.....	1	.....	1	5	7	12
Onondaga.....	.....	2	2	2	2	4
Ontario.....	.....	.....	.....	.....	.....	.....
Orange.....	.....	.....	.....	2	.....	.....
Orleans.....	.....	1	1	.....	1	3
Oswego.....	1	.....	1	1	.....	.....
Otsego.....	6	4	10	2	1	3
Putnam.....	4	1	5	.....	.....	.....
Queens.....	1	.....	1	6	.....	6
Rensselaer.....	1	.....	1	2	2	4
Richmond.....	.....	1	1	.....	1	1
Rockland.....	2	.....	2	.....	2	2
St. Lawrence.....	9	15	24	8	8	16
Saratoga.....	2	7	9	.....	3	3
Schenectady.....	1	3	4	1	.....	1
Schoharie.....	.....	.....	.....	1	2	3
Schuyler.....	.....	.....	.....	.....	.....	.....
Seneca.....	1	3	4	.....	.....	.....
Steuben.....	5	.....	5	1	1	2
Suffolk.....	1	.....	1	5	2	7
Sullivan.....	5	.....	5	4	.....	4
Tioga.....	1	.....	1	2	1	3
Tompkins.....	1	1	2	1	.....	1
Ulster.....	.....	2	2	3	.....	3
Warren.....	2	1	3	2	2	4
Washington.....	1	.....	1	2	2	4
Wayne.....	.....	.....	.....	3	2	5
Westchester.....	4	.....	4	.....	.....	.....
Wyoming.....	3	4	7	.....	.....	.....
Yates.....	1	.....	1	.....	1	1
Total.....	317	207	524	196	138	334

INDEX.

- Actions at law against officers and employees,** 100-1.
- Administration department, classification and wages,** 86-87.
- Admissions, number of first and subsequent, State hospitals, table,** 572-75; New York City asylums, table, 616; Long Island state hospital, table, 644.
- Ages, of patients, table, State hospitals,** 585-87; New York City asylums, 626-28; Long Island State hospital, 653-55.
- Aliens, removal of,** 133-34.
- Allison, H. E., M. D., on Civil Service in state hospitals,** 26.
- Amusements, for the insane, 112-113; in State hospitals, cost, 283-284; New York City asylums, cost, 449; Kings county asylums, cost, 450.**
- Andrews, J. B., M. D., on Civil Service in state hospitals,** 19.
- Appointment of officers and employees,** 97-99.
- Apportionments, to state hospitals,** 154-64.
- Appropriations, for Collins state hospital, 698-707; for State hospitals, 27-34, 52; for support of insane, law concerning, 64-66.**
 asked, 1895-96; Kings county lunatic asylum, 431-33; New York City asylum, 418-31; State hospitals, 164-211;
 granted; Kings county asylums, 417; New York City asylum, 417; state hospitals, 154-64.
- Assembly Ways and Means committee, report of,** 42-64.
- Asylum directory, 666-77.**
- Attendants, ratio of, in State hospitals, 237-258; Kings county asylum, 441; New York City asylum, 441. See also Nurses; Women attendants.**
- Back taxes case, 718-20.**
- Bakers' wages, 90.**
- Basis of state hospitals, 129-30.**
- Beef cattle for hospital use, resolutions on purchase of, 69; number and cost, 353-56.**
- Binghamton state hospital, amusements, cost, 284; apportionment, 160; appropriations asked, 191-204; attendants, ratio, 258; beef cattle, 355; bread, 378; butter, 387; calves, 358; cheese, 388; clothing, making of, 276; coffee, 382; cost per capita of maintenance, 221; cows, 352; daily dietary, 324-25; deaths, percentage of, 229. 398; "extra" dietary, 331; directory, 668; eggs, 374; electro-therapeutical appliances, 311; employees, summary, 396; farming operations, 336; "fire protection" appliances, 217-18; fish, 368; flour, 376; food supplies, 316, 334, 400; fruits and vegetables, 345-46; fuel, cost, 397; general improvents, 146-50; inebriates, 230; inspection of, 235; instruments and medical appliances, 308; lands, acreage, 345; lighting, cost, 397; liquors, alcoholic, 391; mechanical restraint, 267; medical books purchased, 289; medical journals, 294; medical service, summary, 396; medicines, cost, 392; new furniture, total cost of, 211; new machinery, cost, 213; nurses, number of, 263-64; occupations for patients, 281; officers, salary of, 57; persons not on pay roll maintained at, 62; poultry, 371-72; reading matter, 301-2; religious, services, 286; residents other than employees, 251-52; salaries, 53, 55, 57, 218-49; sheep, 364-65; sugar, 385; supplies, manner of purchasing, 394; swine, 361; teas, 380; value of houses for officers, 63; wages of servants, 59-60; women nurses in wards for men, 261;**
- medical officers; 243-44; contributions to medical literature, 256; number of college graduates, 253; ratio, 237;*
 patients; number of, 150, 224; removal of, 273;
 recoveries; number readmitted, 231; percentage of, 227, 397.
 See also State hospital, tables.
- Blackwell's Island asylum, directory, 670. See also New York City asylums.**
- Bloomington asylum, buildings and improvements, 520; capacity, 483; cost per week, 518; deaths, percentage of, 502; inebriates, 499; mechanical restraint, 504; medical officers, 485, 488; nurses, 507, 512, 514-**

- 15; patients, number of, 489-90, 494; women attendants, 510;
 recoveries; number readmitted, 501; percentage of, 496.
See also Licensed private asylum system.
- Blumer, G. A., M. D., on Civil Service in state hospitals, 23-26.
- Bread, baking and kinds of, in State hospitals, 377-79; Kings county asylum, 448; New York City asylum, 448.
- Breezehurst Terrace, buildings and improvements, 523-24; capacity, 484; cost, per week, 519; deaths, percentage of, 503; directory, 674; inebriates, 500; mechanical restraint, 506; medical officers, 486, 488; nurses, 508, 513, 516; patients, number of, 492, 495; women attendants, 511; recoveries; percentage of, 497; number readmitted, 501.
See also Licensed private asylum system.
- Brigham Hall hospital, buildings and improvements, 523; capacity, 484; cost per week, 519; deaths, percentage of, 503; directory, 672; inebriates, 499; mechanical restraint, 505; medical officers, 486, 488; nurses, 508, 513, 516; patients, number of, 491, 495; women attendants, 511; recoveries; percentage of, 497; number readmitted, 501.
See also Licensed private asylum system.
- Buffalo State hospital, 37-38; amusements, cost, 283; apportionments, 160; attendants, ratio, 258; beef cattle, 355; bread, 378; buildings, 145-46; butter, 387; calves, 358; cheese, 388; clothing, making of, 276; coffee, 382; cost *per capita*, of maintenance, 221; cows, 352; daily dietary, 322-23; deaths, percentage of, 229, 398; dietary, "extra," 331; directory, 667-68; eggs, 374; electrotherapeutical appliances, 311; employees, summary, 396; farming operations, 336; "fire protection" appliances, 217; fish, 368; food supplies, 315-16, 333-34, 399; fruits and vegetables, 344; fuel, cost, 397; inebriates, 230; inspection of, 234-35; instruments and medical appliances, 308; lands, acreage, 343; lighting, cost, 397; liquors, alcoholic, 390; mechanical restraint, 267; medical books purchased, 289; medical journals, 293; medical service, summary, 396; medicines, 392; new furniture, total cost of, 211; new machinery, cost, 213; nurses, number of, 263; occupations, 280-81; persons not on pay-roll maintained at, 61; poultry, 371; reading matter, 300; reappropriation, 159-60; religious services, 285; residents other than employees, 251; salaries, 53, 55, 57, 248; servants, wages, 58; sheep, 364; sugar, 385; supplies, manner of purchasing, 394; swine, 361; teas, 380; women nurses in wards for men, 261; appropriations; granted, 159; asked, 191; medical officers, 242-43; contributions to medical literature, 255-56; number of college graduates, 253; ratio, 237; patients; number of, 145, 224; removal of, 273; recoveries; number readmitted, 231; percentage of, 227, 397.
See also State hospitals, tables.
- Builders, classification and wages, 92-93
 Buildings of state hospitals, value of, 33, 62-64.
- Buildings and improvements, State hospitals, 138-53; New York City asylums, 414-16; Kings county asylums, 417; Licensed private asylums, 520-26.
- Bulletin, state hospitals, 103-11.
- Butter, quantity and cost, in State hospitals, 69, 386-87.
- Calves, number and cost at State hospitals, 357-58.
- Capacity, patient, of Licensed private asylum, 483-85.
- Central Islip, directory, 671. *See also* New York City asylums.
- Cheese, number of pounds and cost, in State hospitals, 388-89.
- City Farm, *see* New York City asylum.
- Civil conditions of patients, table, State hospitals, 577; New York City asylums, 618; Long Island state hospital, 646.
- Civil Service, in state hospitals, 16-26, 37; examination for director of Pathological Institute, 106-7.
- Clothing, making of, at State hospitals, 275-77; New York City asylum, 455-57; Kings county asylum, 457.
- Coffees, quantities and cost, in State hospitals, 381-83; New York City asylum, 449.
- Collins state homeopathic hospital, 31; appropriation for, 698-707; first annual report, 698-707; receipts and disbursements, 701-7.

- Commission in Lunacy, a constitutional body, 45; investigation of, 41-66; members, 42-43; powers and duties, 43-46; provision for by new constitution, 10; summary of recommendations, 539-42; supervision of expenditures by, 11-13.
- Commissioners of State commission in Lunacy, salary, 45.
- Comparative cost of county and State care, 122-31.
- Condemnation proceedings for acquiring lands, 535.
- Cost of hospitals and asylums, 548.
- Cost *per capita* of maintenance of State hospitals, 221-22; Licensed private asylums, 518-20.
- County and classification, of patients admitted to State hospitals, table, 594-97; of patients under treatment in State hospitals, table, 598-603; of patients admitted to Long Island State hospital, table, 662-63; of patients under treatment in Long Island State hospital, table, 664-65.
- County care, cost of, compared with state, 122-31.
- Cows, number of, in hospital herds, 351-53.
- Deaths, causes of, Long Island State hospital, table, 642-43; New York City asylums, table, 611-15; State hospitals, table, 566-71;
 number and percentage; Kings county asylum, 478; Long Island State hospital, table, 641; New York City asylum, table, 648, 610; State hospitals, table, 564-65;
 percentage; Kings county lunatic asylums, 435; licensed private asylums, 502-4; New York City asylums, 435; in State hospitals, 228-29, 398.
- Dietary, of State hospitals, 67-69, 317-30; daily, New York City asylum, 443-47; "extra" in State hospitals, 330-32.
- Director of Pathological Institute, civil service examination for, 106-7.
- Dr Choate's home, buildings and improvements, 524; capacity, 484; cost, per week, 519; deaths, percentage of, 503; directory, 675; inebriates, 500; mechanical restraint, 506; medical officers, 487, 489; nurses, 509, 514, 517; patients, number of, 492, 495; women attendants, 511.
 recoveries; number readmitted, 501; percentage of, 498.
 See also Licensed private asylum system.
- Dr Combes' sanitarium, buildings and improvements, 524; capacity, 484; cost per week, 519; deaths, percentage of, 504; directory, 675; inebriates, 500; mechanical restraint, 506; medical officers, 487, 489; nurses, 509, 514, 517; patients, number of, 492-93, 495; women attendants, 512; recoveries; number readmitted, 502; percentage of, 498.
 See also Licensed private asylum system.
- Dr Parsons' home, buildings and improvements, 524; capacity, 484; cost per week, 519; deaths, percentage of, 503; inebriates, 500; mechanical restraint, 506; medical officers, 487, 488; nurses, 509, 514, 517; patients, number of, 492, 495; women attendants, 511;
 recoveries; number readmitted, 501; percentage of, 497.
 See also Licensed private asylum system.
- Dr Wells' sanitarium for mental diseases, buildings and improvements, 524; capacity, 484; cost per week, 519; deaths, percentage of, 503; directory, 674; inebriates, 500; mechanical restraint, 506; medical officers, 486, 488; nurses, 509, 513, 517; patients, number of, 492, 495; women attendants, 511;
 recoveries; number readmitted, 501; percentage of, 497.
 See also Licensed private asylum system.
- Domestic service, wages, 89-90.
- Duration of insanity previous to admission, tables, State hospitals, 579-84, 588; New York City asylums, 620-25, 629; Long Island State hospital, 647-52, 656.
- Education, degree of, table, State hospitals, 578; New York City asylums, 619; Long Island State hospital, 646.
- Eggs, number and cost, for state hospitals, 373-74.
- Electro-therapeutical appliances, in State hospitals, 310-13; New York City asylums, 463; Kings county asylum, 464.
- Employees, actions at law against, 100-1; appointment of, 97-99; number of in hospitals and asylums, 548; statistic summary of State hospitals, 396;
 wages; general rules affecting, 82-86; schedule of, 82-96.

- Engineer's department, classification and wages, 91-92.
- Estimate Law, saving to state effected by, 44, 48, 49, 51.
- Exempted county system, 401-78; cost of hospitals, 548; employees, number, 548; general review, 477-78; number of hospitals, 548; number of insane, 545, 546; receipts, 548; statistics, 604-65.
- Falkirk, buildings and improvements, 525; capacity, 485; cost per week, 519; deaths, percentage of, 504; directory, 676; inebriates, 500; mechanical restraint, 507; medical officers, 487, 489; nurses, 510, 514, 517; patients, number of, 493, 496; women attendants, 512; recoveries; number readmitted, 502; percentage of, 498.
See also Licensed private asylum system.
- Farm and grounds department, wages of, 94-95.
- Farm for the insane, directory, 671.
- Farming operations, cost, at state hospitals, 335-36.
- Financial department, wages, 87.
- Financial situation for coming year, 34.
- "Fire protection" appliances, State hospitals, 214-21; New York City asylum, 457-60; Kings county asylums, 460.
- Fish, quantity and cost, for state hospitals, 365-69.
- Flatbush asylum, *see* Kings county asylums.
- Flour, quantity and cost, for state hospitals, 69, 375-77.
- Food supplies, in State hospitals, 50, 313-16, 332-35, 399-400; New York City asylums, 442-47; Kings county asylum, 447.
- Fruits, state hospitals, 337-51.
- Fuel, cost at state hospitals, 397.
- Furniture, in State hospitals, valuation of, 33, 211-12; Kings county asylum, 477; New York City asylum, 477.
- General asylum system, 527-38.
- General statement, of State hospitals, 551-53; New York City asylums, 605-6.
- Glenmary, buildings and improvements, 524-25; capacity, 485; cost per week, 519; deaths, percentage of, 504; directory, 676; inebriates, 500; mechanical restraint, 506; medical officers, 487, 489; nurses, 509-10, 514, 517; patients, number of, 493, 495; women attendants, 512; recoveries; number readmitted, 502; percentage of, 498.
See also Licensed private asylum system.
- Greenmont-on-the-Hudson, directory, 675.
- Hart's Island, directory, 671. *See also* New York City asylums.
- Howard, E. H., M. D., on Civil Service in State hospitals, 20.
- Hudson River state hospital, amusements, cost, 283; apportionment, 157-58; attendants, ratio, 257; beef cattle, 354-55; bread, 377; buildings, 143; butter, 387; calves, 357; cheese, 388; clothing, making of, 275-76; coffee, 381; cost *per capita* of maintenance, 221; cows, 352; daily dietary, 319-20; deaths, percentage of, 228, 398; dietary, "extra," 331; directory, 667; eggs, 373; electrotherapeutical appliances, 311; employees, summary, 396; farming operations, 335; "fire protection" appliances, 215; fish, 367; flour, 375; food supplies, 313, 333, 399; fruits and vegetables, 341-42; fuel, cost, 397; inebriates, 230; inspection of, 232-33; instruments and medical appliances, 306-7; lands, acreage, 340; lighting, cost, 397; liquors, alcoholic, 390; mechanical restraint, 265-66; medical books purchased, 288; medical journals, 292-93; medical service, summary, 396; medicines, 392; new furniture, total cost of, 211; new machinery, cost, 212; nurses, number of, 263; occupations, 279; persons not on pay-roll maintained at, 61; poultry, 371; reading matter, 298-300; religious services, 285; residents, other than employees, 250; salaries, 53, 55, 57, 247; servants' wages, 59; sheep, 364; sugar, 384; supplies, manner of purchasing, 393; swine, 360; teas, 379; value of houses for officers, 64; women nurses in wards for men, 259-60; appropriations; asked, 173-87; grants, 157; medical officers, 240-41; contributions to medical literature, 254; ratio, 237; number of college graduates, 253; patients; number, 223; removal of, 271-72; recoveries; number readmitted, 231; percentage of, 226, 397.
See also State hospitals, tables.

- Idiots, jurisdiction over, 102-3.
- Industrial department of state hospital, wages, 93.
- Inebriates, number discharged from State hospitals, 230; Kings county asylum, 435; New York City asylum, 435; Licensed private asylums, 499-500.
- Insane, number of, Exempted county system, 545, 546; Licensed private asylum system, 545, 547; in State hospitals, 45, 545, 546;
 dependent, number of, 709; overcrowding of, 32-33.
See also Patients.
- Insanity, ratio of, to population, 536-38;
 causes; Long Island State hospital, table, 638-39; New York City asylums, table, 607-8; State hospitals, tables, 554-59;
 duration of, previous to admission; Long Island state hospital, tables, 647-52, 656; New York City asylum, tables, 620-25, 629; State hospitals, tables, 579-84, 588;
 forms of; Long Island state hospital, table, 640; New York City asylums, table, 609; State hospitals, table, 560-63.
 hereditary tendency to; Long Island State hospital, table, 645; New York City asylums, table, 617; State hospitals, table, 576.
- Inspection, of State hospitals, 232-36; Kings county asylum, 437; New York City asylum, 436-37.
- Instruments and medical appliances, State hospitals, 305-40; New York City asylum, 461-69; Kings county asylum, 469
- Interpines, buildings and improvements, 526; capacity, 485; cost per week, 520; deaths, percentage of, 504; directory, 677; inebriates, 500; mechanical restraint, 507; medical officers, 487, 489; nurses, 510, 514, 518; patients, number of, 494, 496; women attendants, 512;
 recoveries; number readmitted, 502; percentage of, 499.
See also Licensed private asylum system.
- Investigation of Commission in Lunacy and State hospitals, 41-66.
- Joint contracts, supplies for state hospitals, purchased by, 532-34.
- Jurisdiction over idiots, 102-3.
- Kellogg, T. H., M. D., on Civil Service in state hospitals, 19-20.
- Kings county asylums, admission to State care system, 7, 411-13; amusements, 450; attendants, ratio, 441; bread, 448; clothing, 457; deaths, number and percentage, 435, 478; electro-therapeutic appliances, 464; fire protection, 460; food supplies, 447; furniture, new, 477; general improvements, 416-17; general statement, 637; inebriates, 435; Inspection of, 437; instruments and medical appliances, 469; lands, acreage, 463; maintenance, cost, 433, 477; mechanical restraint, 412; medical books, 470; medical journals, 470; medical service, cost, 477; nurses, 440-41; occupations, 454; patients, number, 434, 546, 709; reading matter, 476; recoveries, 477; religious services, 450; report of visiting committee on, 738-41; salaries, 439; special reports, 414-78;
 appropriations; asked, 431-33; granted, 417;
 medical officers; contributions to medical literature, 440; number of college graduates, 439; previous experience, 439; ratio, 438;
 recoveries; number readmitted, 436; percentage, 435;
 See also Exempted county system.
- Kitchen service, for state hospitals, wages, 90.
- Lands, purchase of for hospital purposes, 535;
 farming and grazing; State hospitals, 337-51; New York City asylums, 460-62; Kings county asylum, 463.
- Laundry service, classification and wages, 91.
- Law, for appropriation of money for insane, 64-66; for establishing Manhattan state hospital, 404-10; on inspection of hospitals, 232; relative to care of insane, need of revision, 529-35; revision of for unlicensed private institutions, 481-82.
- Legislation recommended, 529-35.
- Libraries, 137.
- Licensed private asylum system, 479-526; cost of hospitals, 548; employees, number, 548; general administration, 481-82; hospitals, number of, 548; insane, number of, 545, 547; receipts, 548; special reports of, 483-526.
- Lighting, cost, at state hospitals, 397.
- Liquors, alcoholic, kinds and cost, in State hospitals, 389-92.

- Long Island home, buildings and improvements, 520-23; capacity, 483; cost per week, 519; deaths, percentage of, 503; directory, 672; inebriates, 499; mechanical restraint, 505; medical officers, 486, 488; nurses, 508, 513, 515-16; patients, number of, 490, 495; women attendants, 511; recoveries; number readmitted, 501; percentage of, 497.
See also Licensed private asylum system.
- Long Island state hospital, admissions, number of first and subsequent, table, 644; ages of patients, table, 653-55; civil condition of patients, table, 646; county residence and classification of patients, tables, 662-65; duration of insanity previous to admission, table, 647-52, 656; education of patients, degree of, table, 646; establishment of, 411; movement of population, 636; nativity of patients, table, 660-61; occupation of patients previous to admission, table, 658-59; period of residence of patients under treatment, table, 657; recoveries, number and percentage, table, 641; deaths; causes of, table, 642-43; number and percentage, table, 641; directory; 669; Branch of, 669; insanity; causes, table, 638-39; forms of, table, 640; hereditary tendency in patients, table, 645.
- Long Island State hospital act, 710-18.
- Machinery, new, total cost, in state hospitals, 212-14.
- Maintenance, cost, State hospitals, 131; Kings county asylum, 433, 477; New York City asylum, 433, 477.
- Managers of State hospitals, power of, 47.
- Manhattan State hospital, directory, 670; establishment of by law, 403, 404-10.
- Manhattan State hospital bill, 32, 710-18, 720-25, 730.
- Marshall Infirmary, buildings and improvements, 520; capacity, 483; cost per week, 518; deaths, percentage of, 502; directory, 672; inebriates, 499; mechanical restraint, 505; medical officers, 486, 488; nurses, 508, 513, 515; patients, number of, 490, 494; women attendants, 511; recoveries; number readmitted, 501; percentage of, 496.
See also Licensed private asylum system.
- Matrons, apportionment of, 78; salary, 53, 57, 81.
- Matteawan state hospital, additional accommodations needed, 135-36; amusements, cost, 284; attendants, ratio, 258; beef cattle, 356; bread, 379; butter, 387; calves, number and cost, 358; cheese, 389; clothing, making of, 277; coffee, 383; cost *per capita* of maintenance, 222; cows, 353; daily dietary, 328-30; deaths, percentage of, 229, 398; dietary, "extra," 332; directory, 669-70; eggs, 374; electro-therapeutical appliances, 312-13; employees, summary, 396; farming operations, 336; "fire protection" appliances, 220-21; fish, 369; flour, 377; food supplies, 316, 335, 400; fruits and vegetables, 350-51; fuel, cost, 397; general improvements, 151-53; inebriates, 230; inspection of, 236; instruments and medical appliances, 310; lands, acreage, 350; lighting, cost, 397; liquors, alcoholic, 391-92; mechanical restraint, 268; medical books purchased, 291; medical journals, 295; medical service, summary, 396; medicines, 393; new furniture, total cost of, 212; new machinery, cost, 214; nurses, number of, 264; occupations, 282-83; poultry, 372; reading matter, 304-5; religious services, 286; residents, other than employees, 253; salaries, 249-50; sheep, 365; sugar, 386; supplies, manner of purchasing, 395; swine, 362-63; teas, 381; women nurses in wards for men, 262; appropriations; asked, 207-11; granted, 162-64; medical officers; 245-46; contributions to medical literature, 257; number of college graduates, 254; ratio, 238; patients; number of, 154, 225; removal of, 274-75; recoveries; number readmitted, 231; percentage of, 228, 397.
See also State hospitals, tables.
- Meat cutters, wages, 91.
- Mechanical restraint, State hospitals, 264-68; New York City asylum, 441; Kings county asylum, 442; Licensed private institutions, 504-7.
- Medical books, in State hospitals, 287 91; New York City asylums, 469-70; Kings county asylum, 470.
- Medical journals, in State hospitals, 292-95; Kings county asylum, 470; New York City asylum, 470.
- Medical officers, number of and residence, in Licensed private asylums, 485-89;
 Kings county asylums; contributions to medical literature, 440;

- number of college graduates, 439; previous experience, 439; ratio, 438;
 New York City asylums; contributions to medical literature, 440; number of college graduates, 439; previous experience, 439; ratio, 437-38;
 State hospitals; 238-46; classification, 79; college graduates, number of, 253-54; contributions to medical literature, 254-57; number of, 108-9; promotion, 78; ratio, 236-38; salaries, 57, 79-80.
- Medical service, cost, State hospitals, 396; Kings county asylum, 477; York City asylum, 477.
- Medicines, cost, in State hospitals, 392-93; New York City asylums, 464.
- Middletown state homeopathic hospital, amusements, cost, 283; appropriations asked, 187-90; apportionment, 158; attendants, ratio, 258; beef cattle, 355; bread, 378; buildings, 144; butter, 387; calves, 357-58; cheese, 388; clothing, making of, 276; coffee, 382; cost *per capita* of maintenance, 221; cows, 352; daily dietary, 321-22; deaths, percentage of, 229, 398; dietary, "extra," 331; directory, 667; eggs, 373; electro-therapeutical appliances, 311; employees, summary, 396; farming operations, 336; "fire protection" appliances, 215-17; fish, 367; flour, 376; food supplies, 314-15, 333, 399; fruits and vegetables, 342-43; fuel, cost, 397; inebriates, 230; inspection of, 233-34; instruments and medical appliances, 307-8; lands, acreage, 342; lighting, cost, 397; liquors, alcoholic, 390; mechanical restraint, 266; medical books purchased, 289; medical journals, 293; medical service, summary, 396; medicines, 392; new furniture, total cost of, 211; new machinery, cost, 212-13; nurses, number of, 263; occupations, 279; persons not on pay-roll maintained at, 61; poultry, 371; reading matter, 300; religious service, 285; residents, other than employees, 251; salaries, 53, 55, 57, 247-48; servants, wages, 59; sheep, 364; sugar, 384; supplies, manner of purchasing, 394; swine, 360; teas, 380; value of houses for officers, 63; women nurses in wards for men, 260-61;
 medical officers; 241-42; contributions to medical literature, 255; number of college graduates, 253; ratio, 237;
 patients; number of, 143, 223; removal of, 272-73;
 recoveries; number readmitted, 231; percentage of, 226, 397.
See also State hospitals, tables.
- Morton, Governor, on dependent insane, 8-10, 714-15.
- Nativity of patients, State hospitals, table, 592-93; New York City asylums, table, 634-35; Long Island state hospital, table, 660-61.
- New York City asylums, 403-10; admissions, number of first and subsequent, table, 616; ages, tables, 626-28; amusements, 449; attendants, ratio, 441; bread, 448; buildings, 414-16; civil condition of patients, 618; clothing, 455-57; coffees, quantity and cost, 449; daily dietary, 443-47; duration of insanity previous to admission, tables, 620-25, 629; education, degree of, table, 619; electro-therapeutic appliances, 463; fire protection, 457-60; food supplies, 442-47; furniture, new, 477; general statement, 605-6; inebriates, 435; inspection of, 436-37; maintenance, cost, 433, 477; instruments and medical appliances, 464-69; lands, acreage, 460-62; mechanical restraint, 441-42; medical books, 469-70; medical journals, 470; medical service, cost, 477; medicines, cost of, 464; movement of population, 604; nativity of patients, table, 634-35; nurses, 440, 441; patients, number, 433-34, 709; period of residence of patients under treatment, table, 630; reading matter, 470-76; religious services, 450; report of visiting committee, 730-38; salaries, 438-39; special reports, 414-78; statistics, 604-35; teas, quantity and cost, 449; vegetables and fruits, 460-63;
 appropriations; asked, 418-31; granted, 417.
 deaths; causes of, table, 611-15; number and percentage, table, 478, 610; percentage, 435;
 insanity; causes of, table, 607-8; forms of, table, 609; hereditary tendency in patients, table, 617;
 medical officers; contributions to medical literature, 440; number of college graduates, 439; previous experience, 439; ratio, 437-38;
 occupations of patients, 451-54; before admission, table, 631-33;
 recoveries; number and percentage, table, 477-610; number readmitted, 436; percentage, 434.
- New York county asylums, number of insane, 546.
- Non-resident patients, removal of, 133-34.
- Nurses, classification and wages, in State hospitals, 88-89; ratio of, in Licensed private asylums, 507-10;

- graduates of training school; Kings county asylums, 441; in Licensed private asylums, 512-14; New York City asylums, 441; number of; Kings county asylums, 440-41; Licensed private asylums, 514-18; New York City asylums, 440; State hospitals, 262-64.
See also Attendants; Women attendants.
- Occupations, Kings county asylum, 454; New York City asylum, 451-54; in State hospitals, 277-83; before admission; Long Island State hospital, table, 658-59; New York City asylums, table, 631-33; State hospitals, table, 590-91.
- Officers, actions at law against, 100-1; appointment of, 97-99; salaries, general rules, 77-81; salaries and emoluments, table, 57; salaries and employees' wages, 75-96; table supplies, 70-71.
- Pathological department, 104-7.
- Patients, personal care of, 114-19; removal of to state hospitals, 269-75; number of; in Kings county asylum, 434; Licensed private asylum, 489-96; New York City asylum, 433-34; in State hospitals, 108, 140, 142, 143, 145, 150, 151, 154, 222-25.
See also Insane.
- Personal care of patients, 114-19.
- Persons not on pay roll maintained at state hospitals, 60-62.
- Physicians, *see* Medical officers.
- Pilgrim, C. W., M. D., on Civil Service in state hospitals, 26.
- Pines, The, buildings and improvements, 526; capacity, 485; cost per week, 520; deaths, percentage of, 504; directory, 677; inebriates, 500; mechanical restraint, 507; medical officers, 487, 489; nurses, 510, 514; 518; patients, number of, 494, 496, women attendants, 512; recoveries; number readmitted, 502; percentage of, 498.
See also Licensed private asylum system.
- Political favor, elimination of, 16.
- Poultry, kinds and cost, for state hospitals, 370-72.
- Printing, for state hospitals, 534-35.
- Printing and book-binding department, wages, 94.
- Private patients, admission of, to state hospitals, 666.
- Providence Retreat, buildings and improvements, 520; capacity, 483; cost per week, 518; deaths, percentage of, 502; directory, 671-72; inebriates, 499; mechanical restraint, 505; medical officers, 485, 488; nurses, 507-8, 512, 515; patients, number of, 490, 494; women attendants, 511; recoveries; number readmitted, 501; percentage of, 496.
See also Licensed private asylum system.
- Purchase of supplies, 72-74.
- Railway department, wages, 95.
- Ratio of insanity to population, 536-38.
- Reading matter, in State hospitals, 295-305; New York City asylum, 470-76; Kings county asylum, 476.
- Receipts of State hospitals and asylums, 548;
- Recommendations of Commission, summary, 539-42; change in system of making when inspecting state hospitals, 531.
- Record books, importance of uniformity in, 534.
- Recoveries, Kings county asylum, 477; New York City asylum, 477; at state hospitals, 120-21; number and percentage, table; Long Island state hospital, 641; New York City asylum, 610; state hospitals, 564-65; number readmitted; Kings county asylum, 436; Licensed private asylums, 501-2; New York City asylum, 436; State hospitals, 231; percentage; Kings county lunatic asylum, 435; Licensed private asylums, 496-99; New York City asylum, 434; State hospitals, 226-28, 397.
- Recreation for the insane, 112-13.
- Reimbursements, amount received, 132.
- Religious service, allowance for, 95-96; in State hospitals, 284-86; Kings county asylum, 450; New York City asylum, 450.
- Report of Commission, legal requirement, 1-3.
- Report of the Senate Finance and Assembly Ways and Means Committee, 42-64.
- Residence, period of, patients under treatment, state hospitals, table, 589; New York City asylums, table, 630; Long Island state hospital, 657.
- Residents, other than employees, in state hospitals, 250-53.

Rochester state hospital, 39-40; amusements, cost, 284; apportionments, 162; attendants, ratio, 258; beef cattle, 356; bread, 378; buildings, 151; butter, 387; calves, 358; cheese, 389; clothing, making of, 276; coffee, 383; cost *per capita* of maintenance, 222; cows, 353; daily dietary, 326-28; deaths, percentage of, 229, 398; dietary, "extra," 332; directory, 668; eggs, 374; electro-therapeutical appliances, 312; employees, summary, 396; farming operations, 336; "fire protection" appliances, 218-19; fish, 369; flour, 377; food supplies, 316, 335, 400; fruits and vegetables, 349-50; fuel, cost, 397; inebriates, 230; inspection of, 235-36; instruments and medical appliances, 309; lands, acreage, 349; lighting, cost, 397; liquors, alcoholic, 391; mechanical restraint, 268; medical books purchased, 290; medical journals, 294; medical service, summary, 396; medicines, 393; new furniture, total cost of, 211; new machinery, cost, 213; nurses, number of, 264; occupations, 282; persons not on pay-roll maintained at, 62; poultry, 372; reading matter, 303-4; religious services, 286; residents, other than employees, 252; salaries, 53, 55, 57, 249; servants, wages, 59; sheep, 365; sugar, 385; supplies, manner of purchasing, 394; swine, 362; teas, 380; women nurses in wards for men, 262; appropriations; asked, 205-7; granted, 161; medical officers; 245; contributions to medical literature, 256; number of college graduates, 253; ratio, 237; patients; number of, 151, 225; removal of, 274; recoveries; number readmitted, 231; percentage of, 227, 397; report; 681-97; of managers, 681-85; of matron, 693-95; of steward, 691-93; of superintendent, 688-91; of supervisor, 695-97; of treasurer, 685-88.

See also State hospitals, tables.

St Lawrence state hospital, amusements, cost, 284; apportionments, 161; appropriations asked, 204-5; attendants, ratio, 258; beef cattle, 355-56; bread, 378; buildings, 150; butter, 387; calves, 358; cheese, 389; clothing, making of, 276; coffee, 382; cost *per capita* of maintenance, 222; cows, 353; daily dietary, 325-26; deaths, percentage of, 229, 398; dietary, "extra," 331; directory, 668;

eggs, 374; electro-therapeutical appliances, 312; employees, summary, 396; farming operations, 336; "fire protection" appliances, 218; fish, 368-69; flour, 376; food supplies, 316, 334, 400; fruits and vegetables, 347-48; fuel, cost, 397; inebriates, 230; inspection of, 235; instruments and medical appliances, 309; lands, acreage, 347; lighting, cost, 397; liquors, alcoholic, 391; mechanical restraint, 267-68; medical books purchased, 290; medical journals, 294; medical service, summary, 396; medicines, 393; new furniture, total cost of, 211; new machinery, cost, 213; nurses, number of, 264; occupations, 281-82; persons not on pay-roll maintained at, 62; poultry, 372; reading matter, 302-3; religious service, 286; residents other than employees, 252; salaries, 53, 55, 57, 249; servants' wages, 60; sheep, 365; sugar, 385; supplies, manner of purchasing, 394; swine, 361-62; teas, 380; value of houses for officers, 63; women nurses in wards for men, 261-62;

medical officers; 244-45; contributions to medical literature, 256; number of college graduates, 253; ratio, 237;

patients; number, 224; removal of, 274;

recoveries; number readmitted, 231; percentage of, 227, 397;

See also State hospitals, tables.

St Vincent's retreat, buildings and improvements, 523; capacity, 484; cost per week, 519; deaths, percentage of, 503; directory, 673; inebriates, 499; mechanical restraint, 505; medical officers, 486, 488; nurses, 508, 513, 516; patients, number of, 491, 495; women attendants, 511;

recoveries; number readmitted, 501; percentage of, 497;

See also Licensed private asylum system.

Salaries, Kings county asylums, 439; New York City asylums, 438-39;

State hospitals; 246-50; equalization of, 51; officers, 53, 75-96; of superintendents, 55.

Sanford Hall, buildings and improvements, 523; capacity, 484; cost per week, 519; deaths, percentage of, 503; directory, 673-74; inebriates, 500; medical officers, 486, 488; mechanical restraint, 506; nurses, 508, 513, 516; patients, number of, 491, 495; women attendants, 511;

- recoveries; number readmitted, 501; percentage of, 497;
See also Licensed private asylum system.
- Schedule, of employees' wages, 82-96; of officers' salaries, 77-81.
- Schuyler, L. L., letter to Mayor Strong, 726-29.
- Senate Finance committee, report, 42-64.
- Servants, wages at state hospitals, 58-60.
- Sheep, number and cost, for state hospitals, 363-65.
- Society of the New York hospital, directory, 671.
- State care act, provisions, 711-15.
- State care of the insane, 7-15; advantage of present system, 8, 10, 14-15; cost of, compared with county, 122-31; definition of, 129.
- State Charities Aid Association, report, 708-41.
- State Commission in Lunacy, *see* Commission in Lunacy.
- State hospitals, 5-400; admission of private patients to, 666; basis, 129-30; civil service in, 16-26, 37; cost, 548; employees, number, 548; general review, 396-400; investigation of, 41-66; number of, 548; receipts, 548; review of, 138-400; salaries of resident officers, 53;
 tables; admissions, first and subsequent, 572-75; ages of patients, 585-87; causes of insanity, 554-59; civil conditions of patients, 577; county and classification of patients, 594-603; deaths, causes of, 566-71; deaths, number and percentage, 564-65; duration of insanity previous to admission, 579-84, 588; education, degree of, 578; forms of insanity, 560-63; general statement, 551-53; hereditary tendency to insanity in patients, 576; nativity of patients, 592-93; number of insane, 545, 546; occupation of patients before admission, 590-91; period of residence of patients under treatment, 589; recoveries, number and percentage, 564-65.
- State hospitals' bulletin, 108-11.
- State property, interference by municipal authorities, 531-32.
- Statistics, general review, 545-665.
- Stewards, salary, 53, 57, 80.
- Sugars, quantities and cost, in state hospitals, 383-86.
- Superintendents, monthly meeting of at central office, 13-14, 73; salaries, 79; salaries and emoluments, 55; special reports of, 138-395.
- Supervisors in state hospitals, wages, 87-88.
- Supplies, purchase of, 72-74, 393-95.
- Swine, number and cost for state hospitals, 359-63.
- Table, comparing cost of county and State care, 124-25.
- Talcott, S. H., M. D., on Civil Service in state hospitals, 18-19.
- Taxation, for maintenance of insane, 28, 31-32, 64-66, 403.
- Teas, quantities and cost, in state hospitals, 379-81; New York City asylum, 449.
- Tobacco, discontinuance of, 116-19.
- Training schools, graduates, 84.
- Treasurer, salary, 53, 57, 81.
- Utica state hospital, amusements, cost, 283; apportionment, 154-55; appropriations asked, 164-67; attendants, ratio, 237; beef cattle, 353-54; bread, 377; buildings, 138-40; butter, 386; calves, 357; cheese, 388; clothing, making of, 275; coffee, 381, cost *per capita* of maintenance, 221; cows, 351; daily dietary, 317-18; date of organization, 27; deaths, percentage of, 228, 398; dietary, "extra," 330; directory, 666; eggs, 373; electro-therapeutical appliances, 310; employees, summary, 396; farming operations, 335; "fire protection" appliances, 214; fish, 366; flour, 375; food supplies, 313, 332, 399; fruits and vegetables, 337-38; fuel, cost, 397; inebriates, 230; inspection of, 232; instruments and medical appliances, 305; lands, acreage, 337; lighting, cost, 397; liquors, alcoholic, 389-90; mechanical restraint, 264-65; medical books purchased, 287; medical journals, 292; medical service, summary, 396; medicines, 392; new furniture, total cost of, 211; new machinery, cost, 212; nurses, number of, 262; occupations, 277-78; persons not on pay-roll maintained at, 60; poultry, 370; reading matter, 295; religious services, 284; residents other than employees, 250; servants, wages, 58; salaries, 53, 55, 57, 246; sheep, 363; sugar, 383-84; supplies, manner of purchasing, 393; swine, 359; teas, 379; women nurses in wards for men, 259;

- medical officers; 238-39; contributions to medical literature, 254; number of college graduates, 253; ratio, 236;
 patients; number of, 140-41, 222; removal of, 269;
 recoveries; number readmitted, 231; percentage of, 226, 397.
See also State hospitals, tables.
- Vegetables and fruits**, State hospitals, 337-51; New York City asylum, 460-63.
- Vernon House**, buildings and improvements, 525-26; capacity, 485; cost per week, 519; deaths percentage of, 504; directory, 676; inebriates, 500; mechanical restraint, 507; medical officers, 487, 489; nurses, 510, 514, 518; patients, number of, 493, 496; women attendants, 512;
 recoveries; number readmitted, 502; percentage of, 498.
See also Licensed private asylum system.
- Wages**, of employees, 75-96; schedule of, 82-96.
- Wagner, C. G., M. D.**, on Civil Service in state hospitals, 18.
- Waldemere**, buildings and improvements, 523; capacity, 484; cost per week, 519; deaths, percentage of, 503; directory, 673; inebriates, 499; mechanical restraint, 506; medical officers, 486, 488; nurses, 508, 513, 516; patients, number of, 491, 495; women attendants, 511;
 recoveries; number readmitted, 501; percentage of, 497.
See also Licensed private asylum system.
- Ward's Island**, directory, 670. *See also* New York city asylum.
- Willard State hospital**, 35-36; amusements, cost, 283; apportionment, 156; attendants, ratio, 257; beef cattle, 354; bread, 377; buildings, 141-42; butter, 387; calves, 357; cheese, 388; clothing, making of, 275; coffee, 381; cost *per capita* of maintenance, 221; cows, 351; daily dietary, 318-19; deaths, percentage of, 228, 398; dietary, "extra," 330; directory, 666-67; eggs, 373; electro-therapeutical appliances, 310; employees, summary, 396; farming operations, 335; "fire protection" appliances, 214-15; fish, 366; flour, 375; food supplies, 313, 332, 399; fruits and vegetables, 339-40; fuel, cost, 397; inebriates, 230; inspection of, 232; instruments and medical appliances, 306; lands, acreage, 338; lighting, cost, 397; liquors, alcoholic, 390; mechanical restraint, 265; medical books purchased, 287-88; medical journals, 292; medical service, summary, 396; medicines, 392; new furniture, total cost of, 211; new machinery, cost, 212; nurses, number of, 262-63; occupations, 278; persons not on payroll maintained at, 61; poultry, 370; reading matter, 295-98; religious services, 285; residents other than employees, 250; salaries, 53, 55, 57, 246-47; servants, wages, 58; sheep, 364; sugar, 384; supplies, manner of purchasing, 393; swine, 359; teas, 379; value of houses for officers, 63; women nurses in wards for men, 259.
 appropriations; asked, 168-73; granted, 155-56;
 medical officers; 239-40; contributions to medical literature, 254; number of college graduates, 253; ratio, 237;
 patients; number of, 142, 223; removal of, 269-71;
 recoveries; number readmitted, 231; percentage of, 226, 397.
See also State hospitals, tables.
- Wise, P. M., M. D.**, on Civil Service in state hospitals, 20-23.
- Women nurses**, in wards for men, State hospitals, 259-62; Licensed private asylums, 510-12. *See also* Attendants; Nurses.

I N D E X

To First Annual Report of State Commission in Lunacy.

- Additional provision** for idiots, necessity of, 822-24.
- Admissions**, number of first and subsequent, table, state asylums, 846.
- Ages of patients**, state asylums, table, 850-52.
- Amusements**, for insane, need of, 780; lack of, in county almshouses, 798-99.
- Asylums**, three classes of, 742-43.
- Attendants**, *see* Nurses.
- Beds**, in county almshouses, 791-92.
- Binghamton asylum**, general statement, 829. *See also* State asylums, tables.
- Buffalo state asylum**, general statement, 829. *See also* State asylums, tables.
- Case-book**, legal requirement, 790.
- Chronic insane**, laws relating to, 758.
- City almshouses**, number of patients, 831.
- Civil condition**, of patients in state asylums, table, 847.
- Classification of patients**, necessity of, in county almshouses, 802-3; in state asylums, table, 860-61.
- Clothing**, in county almshouses, 794.
- Commission in Lunacy**, establishment of, 742; members of, 744; recommendations of, 747-48, 820, 824-25; work of, 744-48.
- Counties**, legally permitted to care for insane, 776; not allowed to care for insane, 776; residence by, of patients in State asylums, table, 859-61.
- County almshouses**, amusements, lack of, 798-99; beds, 791-92; classification of patients, necessity of, 802-3; clothing, 794; fire protection, 803-4; food, 791, 794-95; insufficient water supply, 792-94; lack of medical service in, 787-90; mechanical restraint in, 790-91; number of patients, 831; nurses, necessity of, 795-98; occupation for insane, 800-1; reading matter, 800; religious worship, lack of, 801-2; results of inspection of, 807-15. *See also* County poorhouses.
- County care of insane**, arguments for, 780-82; compared with state, 782-820; defects of system, 819-20.
- County poorhouses**, 743; number of insane, 776, 832-33; number of idiots, and epileptics, 862. *See also* County almshouses.
- Deaths**, number and percentage of, state asylums, table, 836-39; causes of, in state asylums, table, 844-45.
- Dietary**, *see* Food.
- Discharge of insane from custody**, 757.
- Discharge of public patients on bonds**, 760.
- Duration of insanity previous to admission**, tables, state asylums, 848-50, 852.
- Duties, of Commission**, 744-46.
- Education**, degree of, in state asylums, table, 847.
- Epileptics**, number of in county poorhouses, table, 862.
- Fire protection**, lack of in county almshouses, 803-4.
- Food in county almshouses**, 791, 794-95.
- Habeas corpus**, 760-61.
- "Herding"** wrong term as applied to state hospitals, 804-5.
- Hereditary transmission**, state asylums, table, 847.
- Hudson River State hospital**, general statement, 829. *See also* State asylums, tables.
- Idiots**, additional provision for, necessity of, 822-24; number of, in New York state, 823; number of, in county poorhouses, table, 862.
- Increase of insanity**, 820-22.
- Insane**, average duration of life, 767; division of into two classes, 766-68; essential requisites for care of, 777-80; registration of, 748-49; number of; in city almshouses, 744, 827, 831; in county asylums, 744, 827, 831; in county poorhouses, 744,

- 776, 827, 832-33; in private asylums, 744, 827, 833; in state asylums, 744, 776, 827, 830.
- Insane state paupers, 761-62.
- Insanity, a physical disease, 763-65, 776; increase of, 820-22; causes of in state asylums, table, 834-35; form of, in state asylums, table, 840-43.
- Inspection of county almshouses, results of, 807-15.
- Legal papers, service of upon insane, 759-60.
- Mechanical restraint, in county almshouses, 790-91.
- Medical officer, power of, 753-54, 757.
- Medical service, need of for insane, 777-80; lack of, in county almshouses, 787-90.
- Nativity of patients, in state asylums, table, 858.
- New York state lunatic asylums, establishment of, 771.
- Nurses, insufficient number of, in county almshouses, 795-98.
- Occupations, for insane in county almshouses, 800-1; of patients admitted to state asylums, table, 853-58.
- Official responsibility, 753-54.
- Patients, *see* Insane; Private patients; Public patients.
- "Pauper insane," improper term, 768-69; comparison with sane pauper, 769-70, 818-19; number of chronic cases under state and county care, 817.
- Poorhouses, *see* County poorhouses.
- Private asylums, 743; number of patients, 833.
- Private patients, 754-56.
- Public asylums, 742-43.
- Public patients, discharge of, on bonds, 760.
- Quasi-public asylums, 743; number of insane, 827.
- Reading matter, lack of in county almshouses, 800.
- Recommendations of commission, 820, 824-25.
- Recoveries, in state asylums, compared with county almshouses, 805-7; number and percentage of in state asylums, table, 836-39.
- Registration of insane, 748-49.
- Relative economy of state and county care, 816-18.
- Religious worship, need of for insane, 780; lack of in county almshouses, 801-2.
- Removal of insane from homes to asylums, 758-59.
- Residence, period of, patients under treatment, 853.
- Revision of statutes, relating to insane, 751-53.
- State asylum for insane criminals, general statement, 829. *See also* State asylums, tables.
- State asylums, amusements, need of, 791; general statement, 749-51, 829; medical officers for, necessity of, 777-80; object of, 776-80; religious worship, necessity of, 791;
 tables; admissions, number of first and subsequent, 846; ages of patients, 850-52; causes of deaths, 844-45; causes of insanity, 834-35; civil condition of patients, 847; classification of patients, 860-61; deaths, number and percentage, 836-39; degree of education of patients, 847; duration of insanity previous to admission, 848-50, 852; forms of insanity, 840-43; hereditary tendency of patients to insanity, 847; nativity of patients, 858; number of patients, 830; occupations and trades, 853-58; period of residence of patients under treatment, 853; recoveries, number and percentage, 836-39; residence by counties of patients admitted, 872; residence by counties of patients under treatment, 859-61.
- State Commission in Lunacy, *see* Commission in Lunacy.
- State homeopathic asylum, general statement, 329. *See also* State hospitals, tables.
- State paupers, insane, 761-62.
- State supervision of insane, 762-820; first efforts to establish, 770-75; compared with county, 782-820; patients not "herded" together, 804-5; relative economy as compared with county, 816-18.
- Statistics of state asylums, 826-62.
- Statutes relating to the insane, revision of, 751-53.

Summary of recommendations, 824-25.
Superintendent, power of, 753-54.
Superintendents of the poor, resolutions, 772.

Transfer of insane, 758.

Utica state asylum, general statement, 829. *See also* State asylums, tables.

Visits, of friends of insane, 815-16.

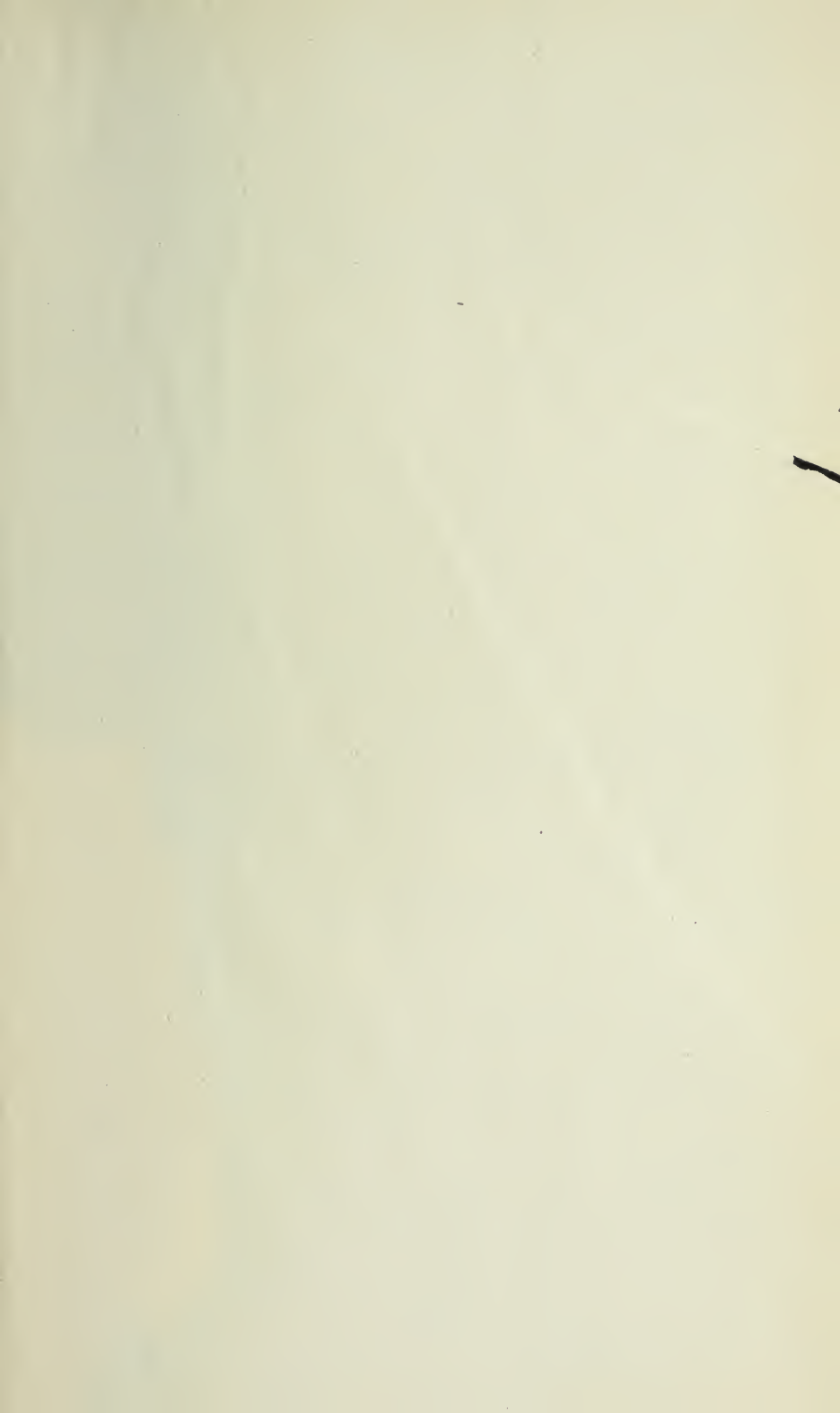
Water, insufficiency of, in county almshouses, 792-94.

Willard, Dr S. D., report of, 772-73.

Willard asylum, general statement, 829. *See also* State asylums, tables.

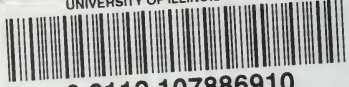
"Willard asylum act," 773-75; counties exempt from, 775-76.

Work of Commission, 744-48.





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